

Commonwealth of Pennsylvania

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 : 2003196		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Killion Victory Committee										
Street Address: 50 S. 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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2017	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	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	24	2017		11	27	2017		
A. Amount Brought Forward From Last Report				\$		14,599.70				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		14,151.32				
C. Total Funds Available (Sum Of Lines A and B)				\$		28,751.02				
D. Total Expenditures (From Schedule III)				\$		5,897.06				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		22,853.96				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Killion Victory Committee	From: <u>10/24/2017</u> To: <u>11/27/2017</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)	\$ 13,151.32
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 14,151.32

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.)	\$ 14,151.32
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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	Reporting Period
Killion Victory Committee	From: <u>10/24/2017</u> To: <u>11/27/2017</u>

				DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR		
Pfizer PAC - State					
Mailing Address 235 East 42nd Street				\$	400.00
City New York State NY Zip Code (Plus 4) 10017	11	6	2017		
Full Name of Contributing Committee Energy Transfer Partners PAC	MO	DAY	YEAR		
Mailing Address 400 W. 15th Street - Ste. 720				\$	2,500.00
City Austin State TX Zip Code (Plus 4) 78701	11	9	2017		
Full Name of Contributing Committee Energy Transfer Partners PAC	MO	DAY	YEAR		
Mailing Address 400 W. 15th Street - Ste. 720				\$	500.00
City Austin State TX Zip Code (Plus 4) 78701	11	9	2017		
Full Name of Contributing Committee Killion for Lt. Governor	MO	DAY	YEAR		
Mailing Address 50 S. Providence Road				\$	751.32
City Media State PA Zip Code (Plus 4) 19063	11	9	2017		
Full Name of Contributing Committee PA Orthopaedic Society PAC	MO	DAY	YEAR		
Mailing Address 510 N. 3rd Street - 3rd Floor				\$	4,000.00
City Harrisburg State PA Zip Code (Plus 4) 171011111	11	20	2017		

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
Z PAC Pennsylvania Anesthesiologists' PAC			11	27	2017		5,000.00
Mailing Address 50 S. Providence Road							
City Media	State PA	Zip Code (Plus 4) 19063					

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

PAGE TOTAL
\$ 13,151.32

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 Killion Victory Committee	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
James T. Guille					
Mailing Address 390 Ring Road				\$ 1,000.00	
City Chadds Ford State PA Zip Code (Plus 4) 19317	11	20	2017		
Employer Name Brandywine Institute of Ortho	Occupation Surgeon				
Employer Mailing Address/Principal Place of Business 1561 Medical Drive	City Pottstown		State PA	Zip Code (Plus 4) 19464	

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

PAGE TOTAL
\$ 1,000.00

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:	

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 Killion Victory Committee	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</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	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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
Killion Victory Committee	From <u>10/24/2017</u> To: <u>11/27/2017</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Barsz Gowie Amon & Fultz LLC	11	1	2017	\$ 1,500.00
Mailing Address 50 S. Providence Road				
City Media				
State PA				
Zip Code (Plus 4) 19063				
Description of Expenditure Accounting Services				
To Whom Paid CMC Consulting LLC	11	1	2017	\$ 2,500.00
Mailing Address P.O. Box 764				
City West Chester				
State PA				
Zip Code (Plus 4) 19381				
Description of Expenditure Consulting				
To Whom Paid Upper Chichester Republican Party	11	1	2017	\$ 100.00
Mailing Address P.O. Box 2106				
City Upper Chichester				
State PA				
Zip Code (Plus 4) 19061				
Description of Expenditure Contribution				
To Whom Paid Verizon Wireless	11	13	2017	\$ 184.73
Mailing Address P.O. Box 25505				
City Lehigh Valley				
State PA				
Zip Code (Plus 4) 180025505				
Description of Expenditure Telephone				
To Whom Paid TD Bank	11	13	2017	\$ 67.84
Mailing Address Baltimore Pike				
City Media				
State PA				
Zip Code (Plus 4) 19063				
Description of Expenditure Storage				

To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Meeting Expense			
To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Postage			
To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Postage			
To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Advertising			
To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Postage			
To Whom Paid TD Bank			MO	DAY	YEAR	
Mailing Address Baltimore Pike			11	13	2017	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Event Expenses			

To Whom Paid Brookhaven Fire Company			MO	DAY	YEAR	
Mailing Address 2 Cambridge Road Ste. 52			11	13	2017	\$ 100.00
City Brookhaven	State PA	Zip Code (Plus 4) 19015	Description of Expenditure Advertising			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,897.06

