

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: COMMITTEE TO ELECT TOM QUIGLEY											
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. X	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.	Year 2018	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	REP			
					11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	1	2018		6	4	2018			
A. Amount Brought Forward From Last Report					\$ 20,996.70						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,700.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 22,696.70						
D. Total Expenditures (From Schedule III)					\$ 862.93						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 21,833.77						
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>5/1/2018</u> To: <u>6/4/2018</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)	\$ 1,700.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,700.00

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.)	\$ 1,700.00
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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>5/1/2018</u> To: <u>6/4/2018</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee FIRST ENERGY PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 76 SOUTH MAIN ST				5	7	2018	
City AKRON	State OH	Zip Code (Plus 4) 44308					
Full Name of Contributing Committee EXELON PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE. NW				5	10	2018	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee CHAMBER PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 417 WALNUT ST				5	21	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee AT&T PAC PA				MO	DAY	YEAR	\$ 300.00
Mailing Address 192 W. STATE ST.				5	21	2018	
City TRENTON	State NJ	Zip Code (Plus 4) 08606					
Full Name of Contributing Committee HAPAC-STATE				MO	DAY	YEAR	\$ 300.00
Mailing Address 30 NORTH THIRD ST. SUITE 600				6	4	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

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

PAGE TOTAL

\$ 1,700.00

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	
COMMITTEE TO ELECT TOM QUIGLEY		From: <u>5/1/2018</u> To: <u>6/4/2018</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:

				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 COMMITTEE TO ELECT TOM QUIGLEY	Reporting Period From <u>5/1/2018</u> To: <u>6/4/2018</u>
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				DATE		AMOUNT	
To Whom Paid HRCC				MO	DAY	YEAR	\$ 862.93
Mailing Address 500 NORTH THIRD ST.				5	12	2018	
City HARRISBURG		State PA	Zip Code (Plus 4) 17101	Description of Expenditure INVITATIONS AND FUNDRAISER			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 862.93

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>5/1/2018</u> To: <u>6/4/2018</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	2004	
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