

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: 1400 N. Providence Road Ste. 1040										
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 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				
				11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	23	2018	TO	11	26	2018		
A. Amount Brought Forward From Last Report				\$		30,547.90				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		5,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		35,547.90				
D. Total Expenditures (From Schedule III)				\$		11,919.60				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		23,628.30				
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>10/23/2018</u> To: <u>11/26/2018</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)	\$ 5,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 5,000.00

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.)	\$ 5,000.00
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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
	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 Killion Victory Committee	Reporting Period From: <u>10/23/2018</u> To: <u>11/26/2018</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Carpenters Legislative Program Of Greater PA				
Mailing Address 650 Ridge Road Ste 200				\$ 5,000.00
City Pittsburgh	11	7	2018	
State PA				
Zip Code (Plus 4) 15205				

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

PAGE TOTAL
\$ 5,000.00

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	
Mailing Address				\$ 0.00
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:

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>10/23/2018</u> To: <u>11/26/2018</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 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: _____
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				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>10/23/2018</u> To: <u>11/26/2018</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Friends of Chris Quinn	10	23	2018	\$ 2,500.00
Mailing Address 1400 N. Providence Road				
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution	
To Whom Paid McGarrigle for Senate	10	24	2018	\$ 5,000.00
Mailing Address 50 S. Providence Road				
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution	
To Whom Paid Verizon Wireless	11	1	2018	\$ 100.65
Mailing Address P.O. Box 25505				
City Lehigh Valley	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure Telephone	
To Whom Paid TD Card Services	11	1	2018	\$ 352.26
Mailing Address P.O. Box 2580				
City Cherry Hill	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure Travel Expense	
To Whom Paid TD Card Services	11	1	2018	\$ 911.68
Mailing Address P.O. Box 2580				
City Cherry Hill	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure Constituent Gifts	

To Whom Paid CMC Consulting LLC			MO	DAY	YEAR	
Mailing Address P.O. Box 764			11	1	2018	
City West Chester	State PA	Zip Code (Plus 4) 19381	Description of Expenditure Consulting			
To Whom Paid Barsz Gowie Amon & Fultz LLC			MO	DAY	YEAR	
Mailing Address 1400 N. Providence Road			11	1	2018	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Accounting Services			
To Whom Paid Upland Republican Committee			MO	DAY	YEAR	
Mailing Address 300 3rd Street			11	5	2018	
City Upland	State PA	Zip Code (Plus 4) 19015	Description of Expenditure Contribution			
To Whom Paid Thomas Killion			MO	DAY	YEAR	
Mailing Address 3 Laura Lynn Lane			11	7	2018	
City Glen Mills	State PA	Zip Code (Plus 4) 19342	Description of Expenditure Reimbursed Fundraising Expense			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 11,919.60

