LOBBYIST

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Report

Filer Identification

2004127

CANDIDATE

COMMITTEE

Number :					led B	Sy :									
Name of Filing C	Committee, Candida	ate or L	obbyist:	СО	MMI	ITEE	TO ELECT	ГТОМ	QUI	GLEY					
Street Address:	560 PINE ST														
City:	ROYERSFORD						State:	PA			Zip Code	: 194	168		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		POST-	3.		AMENDMENT REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	5.	30 DA		POST-	6. X	(TERMINATION REPORT?		Yes	No	/
report type)	ANNUAL REPORT	7.	Year 2018				NG METHO CHECK OI				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:	•				DATE O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	County
							МО	DAY	Y	'EAR	rumber	Couc	REP		loone
							11		6	2018		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО	DAY	Y	/EAR	FOR	OFFIC	E USE	ONLY	
		:	10 23	2018	3 T	0	11	2	26	2018					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			11,	,844.65					
B. Total Moneta	ary Contributions A	And Rec	eipts (From	n Schedul	e I)	\$			4,	,750.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$ 16,594.65									
D. Total Expend	ditures (From Sche	edule II	I)			\$			22,	767.17					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			(6,1	.72.52)					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedule I	I)	\$			69,	457.86					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		\$			30,	250.00		'			
				AFFID	AVI	T SE	CTION								
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. If t	his is	a Caı	ndidate re	eport, c	candi	idate sig	n here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules fil	ed on	paper	or by elect	ronic me	ediun	n, are to t	he best of	my know	ledge a	and beli	ef , true
Sworn to and subs	cribed before me this day of	1	_ 20			_				Signature	of Person	Submitti	ng Rep	ort	
	Signatui	re				-					Printe	d Name			
My Commission Ex	cpires					_					Email				
	мо	D	AY	YR				Are	ea Co	ode	Daytime	Telepho	ne Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Committ	ee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this pol	litical	comm	ittee has n	ot viola	ted a	ny provisi	ons of the	act of Ju	ne 3,19	937 (P.L	1333,
Sworn to and subsc	ribed before me this									Si	gnature of	Candida	te		
	day of					_					Printed	Name			
My Commission Exp	Signature iires					_					Email				
	мо	D	AY	YR		-		Area	Code	1	Day	rtime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT TOM QUIGLEY	From:	10/23/201	<u>8</u> To:	11/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	500.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	500.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,400.00
All Other Contributions (Part D)			\$	1,850.00
TOTAL for the Reporting	J Period	(3)	\$	4,250.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,750.00

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:	10/23/2018	То:	11/26/2018
		DATE		AMOUNT

				DAIL		AMOUNT
Full Name of Contributing Comm			МО	DAY	YEAR	
Mailing Address 400 BENT	CREEK BLVD.					\$ 250.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050	11	9	2018	
Full Name of Contributing Comm	nittee		МО	DAY	YEAR	
Mailing Address 2205 STR	AWBERRY SQUARE					\$ 250.00
City HARRISBURG	State	Zip Code (Plus 4)	11	9	2018	
	l PA	l 17101	I		l	1

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

PAGE TOTAL \$ 500.00

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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				
COMMITTEE TO ELECT TOM QUIGLEY			From:	10/2	3/2018	То:	<u>1</u>	<u>1/26/2018</u>
				DA	TE			AMOUNT
Full Name of Contributing Committee FRIENDS OF GARY DAY				МО	DAY	YEAR		
Mailing Address 5934 MEMORIAL RO	AD						\$	500.00
City GERMANSVILLE	State PA	Zip Code	e (Plus 4)	10	26	2018	3	
Full Name of Contributing Committee AQUA AMERICA INC. H2OPAC				МО	DAY	YEAR		
Mailing Address 762 W. LANCASTER		1		10	30	2018	\$	1,000.00
City BRYN MAWR	State PA	19010	e (Plus 4)					
Full Name of Contributing Committee THE PENNSYLVANIA INSURANCE PAC				МО	DAY	YEAR		
Mailing Address 1600 MARKET ST. S	SUITE 1720						\$	500.00
City PHILADELPHIA	State PA	Zip Code 19103	e (Plus 4)	11	1	2018	3	
Full Name of Contributing Committee PA CABLE PAC				МО	DAY	YEAR		
Mailing Address 127 STATE STREET							\$	400.00
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	11	9	2018	3	
Enter Grand Total of Part C on Sche	dule I, Detailed Sum	nmary Pa	ige, Sectio	n 3.			<u>.</u>	PAGE TOTAL

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 Candid	date			Rep	orting Pe	riod				
COMMITTEE TO ELECT TOM QUIG	LEY			Fror	m:	10/23/2	018 To) :	11/26/2018	
					DA	ATE		А	MOUNT	
Full Name of Contributor JACOB E. DAILEY					МО	DAY	YEAR			
Mailing 397 NESTER DRI	VE							\$	500.00	
City POTTSTOWN	State	Zi	p Code (Plus	4)	10	25	2018			
	PA	19	9464							
Employer Name					Occupat	t ion	RETIREC)		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Cod	le (Plus 4)	
Full Name of Contributor					МО	DAY	YEAR			
ROBERT S. TAYLOR, ESQ.										
Mailing P.O. BOX 6349								\$	350.00	
City HARRISBURG	State	Zi	p Code (Plus	4)	10	30	2018			
	PA	17	7112							
Employer Name SELF-EMPLOYED	·	•			Occupat	tion	ATTORN	EY		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Cod	le (Plus 4)	
P.O. BOX 6340			HARRISB	URG		PA		17112	2	
Full Name of Contributor										
MANUEL N. STAMATAKIS					МО	DAY	YEAR			
Mailing 1111 W. DEKALB	PIKE							\$	1,000.00	
City WAYNE	State	Zi	p Code (Plus	4)	11	5	2018			
	PA	19	9087							
Employer Name CAPITAL MANAGI	EMENT ENTERPRIS	SES			Occupat	tion (CEO	•		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code (Plus 4)		
1111 W. DEKALB PIKE			WAYNE			PA		19087	7	

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

PAGE TOTAL

1,850.00

\$

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	••			\$	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 Perio	od	
COMMITTEE TO ELECT TOM QUIGLEY	From:	<u>10/23/2018</u> To:	11/26/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	L.	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	69,457.86
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	69,457.86

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate							Period			
COMMITTEE TO ELECT TOM QUIGLEY					Fro	m:	10/23/201	<u>18</u> To:	11/26/2018	
				<u>'</u>		_	DATE		AMOUNT	
Full Name of Contributor REPUBLICAN PARTY OF PA						мо	DAY	YEAR		
Mailing Address 112 STATE ST									\$ 34,399.00	
City HARRISBURG	State		Zip Code(P	Plus 4)		10	26	2018		
	PA		17101							
Employer of Contributor NA						Occupa	ation			
Employer Mailing Address/Principal Place of Business City State						Zip	Code(Plus	Descri	ption of Contribution	
								LITERA	ATURE AND POSTAGE	
Full Name of Contributor REPUBLICAN PARTY OF PA						мо	DAY	YEAR		
Mailing Address 112 STATE ST									\$ 18,813.00	
City HARRISBURG	State		Zip Code(P	Plus 4)		11	5	2018		
	PA		17101							
Employer of Contributor NA						Occupa	ation			
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption of Contribution	
								LITERA	ATURE AND POSTAGE	
Full Name of Contributor REPUBLICAN PARTY OF PA						мо	DAY	YEAR		
Mailing Address 112 STATE ST									\$ 11,946.00	
City HARRISBURG	State		Zip Code(P	Plus 4)		11	7	2018		
PA 17101										
Employer of Contributor NA						Occupa	ation			
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Description of Contribution		
								LITERA	ATURE AND POSTAGE	

								TAGE 12
Full Name of Contributor AREA 2 REPUBLICAN COMMITTEE					мо	DAY	YEAR	
Mailing Address 206 STONE HILL DR	IVE							\$ 498.98
City POTTSTOWN	State		Zip Code(Plus 4)	10	25	2018	
	PA		19464					
Employer of Contributor NA			•		Occupat	ion	•	
Employer Mailing Address/Principal Plac Business	e of	City		State	Zip (Code(Plus	Descri	ption of Contribution
Full Name of Contributor TROOPERS ASSOCIATION PAC					мо	DAY	YEAR	
Mailing Address 3625 VARTAN WAY					11	2	2018	\$ 2,706.18
City HARRISBURG	State PA		Zip Code(17110	Plus 4)	11	2	2016	
Employer of Contributor NA					Occupat	ion		L
Employer Mailing Address/Principal Plac Business	ce of	City		State	Zip (4)	Code(Plus		ption of Contribution
Full Name of Contributor HRCC					мо	DAY	YEAR	
Mailing Address P.O. BOX 11787								\$ 1,094.70
City HARRISBURG	State PA		Zip Code(17108	Plus 4)	11	20	2018	
Employer of Contributor			1		Occupat	ion		
Employer Mailing Address/Principal Plac Business	e of	City		State	Zip (Code(Plus	Descri	ption of Contribution
							DATA, POSTC	LISTS AND ARDS
Enter Grand Total of Part G on Sch	edule II 1	In-Kind	Contributi	ions Detail	led			PAGE TOTAL
Summary Page, Section 3.	edule II, I	i-NIIIU	Contribut	ions Detai	ieu			69,457.86

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	Reporting Period				
COMMITTEE TO ELECT TOM QUIGLEY		From	10/23	3/2018	То:	11/26/2018		
				DATE			AMOUNT	
To Whom Paid HRCC			мо	DAY	YEAR			
Mailing Address P.O. BOX 11787			10	25	2018	\$	20,000.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION					
To Whom Paid BB&T			МО	DAY	YEAR			
Mailing Address 793 MAIN STREET			10	25	2018	\$	25.00	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	Description of Expenditure WIRE FEE					
To Whom Paid THOMAS J. QUIGLEY			мо	DAY	YEAR			
Mailing Address 560 PINE STREET			11	25	2018	\$	1,400.00	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	Description of Expenditure REIMBURSEMENT FOR ADVERTISEMENT				MENT	
To Whom Paid THOMAS J. QUIGLEY			МО	DAY	YEAR			
Mailing Address 560 PINE STREET			11	25	2018	\$	393.02	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	REIMBU	Description of Expenditure REIMBURSEMENT FOR RAFFERTY/QUIGLEY HANDOUT				
To Whom Paid THOMAS J. QUIGLEY			МО	DAY	YEAR			
Mailing Address 560 PINE STREET			11	25	2018	\$	750.00	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	Description of Expenditure REIMBURSEMENT FOR ADVERTISEMENT					

					Ρ/	AGE 14
To Whom Paid THOMAS J. QUIGLEY			DAY	YEAR		
Mailing Address 560 PINE STREET		11	25	2018	\$	199.15
City ROYERSFORD State Zip Code (Plus 4)			tion of Exp	enditure		
PA	19468	REIMBURSEMENT FOR MENSCH/QUIGLEY HAND				IGLEY HANDOUT
·						PAGE TOTAL
tures on Page 1, R	eport Cover Page, Item D	•			\$	22,767.17
	State PA	State Zip Code (Plus 4) PA 19468	State Zip Code (Plus 4) Descrip	REET 11 25 State Zip Code (Plus 4) Description of Exp PA 19468 REIMBURSEMENT	State Zip Code (Plus 4) Description of Expenditure PA 19468 REIMBURSEMENT FOR MEI	REET 11 25 2018 \$ State Zip Code (Plus 4) Description of Expenditure PA 19468 REIMBURSEMENT FOR MENSCH/QU tures on Page 1, Report Cover Page, Item D.

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			Reportir	ng Period				
COMMITTEE TO ELECT TOM QUIGLEY			From:	<u>10</u>	/23/2018	То:	<u>.</u>	11/26/2018
					DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				мо	DAY	YEAR		
Mailing Address 560 PINE ST.				3	17	2004	\$	50.00
City ROYERSFORD	State	Zip Code (Pl	us 4)	Descrir	tion of Del	nt .		
, KOTEKSTORD	PA	19468		LOAN				
					DATE			Outstanding Balance of Debt
Name of Creditor								
THOMAS J. QUIGLEY				МО	DAY	YEAR		
Mailing Address 560 PINE ST.				3	19	2004	\$	2,000.00
City ROYERSFORD	State	Zip Code (Plu	ıs 4)	Descrip	tion of Del	ot .		
No Filtor one	PA	19468		LOAN				
					DATE			Outstanding Balance of Debt
Name of Creditor								
THOMAS J. QUIGLEY				МО	DAY	YEAR		
Mailing Address 560 PINE ST.				4	23	2004	\$	4,000.00
City ROYERSFORD	State	Zip Code (Plu	ıs 4)	Descrip	tion of Del	ot .		
NOTENOI ONE	PA	19468		LOAN				
					DATE			Outstanding Balance of Debt
Name of Creditor								
THOMAS J. QUIGLEY				МО	DAY	YEAR		
Mailing Address 560 PINE ST.				5	20	2004	\$	4,200.00
City ROYERSFORD	State	Zip Code (Plu	ıs 4)	Descrir	tion of Del	ot		
NOTEROI OND	PA	19468		LOAN				
	l · · ·	55		,				

			DATE		Outstanding Balance of Debt		
Name of Creditor THOMAS J. QUIGLEY			МО	DAY	YEAR		
Mailing Address 560 PINE ST.			10	7	2004	\$	20,000.00
City ROYERSFORD	State	Zip Code (Plus 4)	Description of Debt				
	PA 19468 LOAN						
			ı				PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	30,250.00