Campaign Finance Report

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

Filer Identificat	i on 200	3196			Repor		CANDI	DATE	СОМ	MITTEE	\checkmark	LOB	BYIST	
Number : Name of Filing	Committee, Candi	date or l	obbyist:		Filed E	-	y Commit							
Nume of Filing					Killon	necor								
Street Address	1													
City:	Media						State:	PA		Zip Co	de: 19	063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.	AMENDI REPORT		Yes	Nc	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F TION	POST- 6	5.	TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPOR	T 7. X	Year 2018				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:						DATE O	F ELEC	TION	District Number	Office	Par	ty Code	County Code	
							мо	DAY	YEAR					
1					11	(5 2018		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		11 27	2	018 T	0	12	3	1 2018	3				
A. Amount Bro	ought Forward Fre	om Last R	leport			\$		7	23,628.30					
B. Total Mone	tary Contributions	s And Rec	eipts (Fron	1 Sche	dule I)	\$	5		0.00					
C. Total Funds	Available (Sum (Of Lines A	and B)			\$	5		23,628.30	1				
D. Total Exper	nditures (From Sc	hedule II	I)			\$	5		2,414.97					
E. Ending Casl	h Balance (Subtra	ct Line D	From Line	C)		\$	5		21,213.33					
F. Value Of In	-Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$	5		0.00	_				
G. Unpaid Deb	ots And Obligation	s (From	Schedule IV	()		\$	5		0.00					
				AFF	IDAVI	T SE	CTION							
	is a Committee re													
I swear (or affirm correct and comp	ı) that this report, in lete.	cluding th	e attached sc	hedule	s filed on	paper	or by elect	ronic mee	dium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me th day of	nis	20						Signatur	e of Perso	n Submitt	ing Rep	oort	
	Signat	ure				_				Prir	ited Name			
My Commission E	-									Ema	nil			
	мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nittee, C	andic	late shall	sign hei	re.					
I swear (or affirm No 320) as amend) that to the best of led.	my knowl	edge and beli	ef this	political	comn	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subs	cribed before me thi day of	s	20						5	Signature	of Candida	ite		
										Printe	ed Name			
	Signature	•				-								
My Commission Ex	pires									Ema				
	мо	D	AY	YR	1	-		Area C	ode	D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Killion Victory Committee From: <u>11/27/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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					eriod					
			From: To) :				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address] *		0.00
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTA	L			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	0	.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 Ro				eporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE 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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
		_	.					PAGE TOT	AL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4				4.			\$		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	d									
Killion Victory Committee	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (3)	\$	0.00								
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		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
				From:			То:	
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL		AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				From:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption 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 Candida	ite		Reporti	Reporting Period					
Killion Victory Committee			From	<u>11/2</u>	7/2018	То:	<u>12/31/2018</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
TD Bank									
Mailing Address			12	3	2018	\$	117.24		
City Media	State	Zip Code (Plus 4)	Description of Expenditure						
PA 19063				xpense					
To Whom Paid				DAY	YEAR				
TD Bank									
Mailing Address				3	2018	\$	72.08		
City Media State Zip Code (Plus 4)				tion of Exp	enditure	•			
	PA	19063	Storage						
To Whom Paid			мо	DAY	YEAR				
Barsz Gowie Amon & amp; Fultz LLC									
Mailing Address			12	3	2018	\$	500.00		
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19063	Account	ing Servic	es				
To Whom Paid			мо	DAY	YEAR				
CMC Consulting LLC			_						
Mailing Address			12	3	2018	\$	1,500.00		
City West Chester	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19381	Consulting						
To Whom Paid			мо	DAY	YEAR				
Verizon									
Mailing Address			12	3	2018	\$	100.65		
City Lehigh Valley	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	180028000	Telepho	ne					
To Whom Paid			мо	DAY	YEAR				
Middletown Township Dept. Parks an	d Recreation		MO						
Mailing Address			12	19	2018	\$	125.00		
City Lima State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•			
PA 190370157			Sponsorship						
	.						PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Re	eport Cover Page, Item	υ.			\$	2,414.97		