### **Campaign Finance Report**

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

			_			D-			CAN	וזמו	DATE	. /	<u> </u>	MMITTEE		LOBE	BYIST					
Filer Identificati Number :	on	4028	1				port ed E		CAIT			~										
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		ARC	GALL	, DAV	ID G.													
Street Address:																						
City:									State:	:				Zip Code	e:							
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	)	<b>√</b>			
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA		Р	OST-	6. 2	X	TERMINAT REPORT?	ΓΙΟΝ	Yes	No	)	<b>√</b>			
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2004					IG MET								TTE					
Name of Office S	Cought by	, Candidat	:e:						DATE	0	F ELE	GII	ON	District Number	Office Code	Par	ty Code	Cour				
									МО		DAY	١	YEAR	124	STH	REP		54				
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		2	2004	(SEE INSTRUCTIONS FOR CODES)								
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО		DAY	,	YEAR	FOF	OFFIC	E USE	ONLY					
Expenditures	from:			1 1		1	Т	0		11	2	22	2004									
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	•	0.00									
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$					320.79									
C. Total Funds Available (Sum Of Lines A and B) \$ 320.79																						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					320.79									
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00									
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00									
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00		,							
					AFF	·ID	AVI	T SE	CTIO	Ν												
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	e re	port, c	anc	didate sig	ın here.								
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	ectr	ronic me	ediu	m, are to t	he best of	my know	/ledge	and beli	ef , tr	ue			
Sworn to and subs	cribed bef day of	ore me this		20						,			Signature	of Person	Submitt	ing Rep	ort		_			
	_	Signatur	·e					_						Printe	ed Name				-			
My Commission Ex	pires	_						_		•				Email								
		мо	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber					
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.										
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	any provis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,			
Sworn to and subsc		re me this											s	ignature of	Candida	te			-			
	day of —							_						Printed	Name				- <b> </b>			
		Signature						_											_			
My Commission Exp	ires													Email								
	_	МО	D	AY	YR	<b>1</b>		-			Area	Code	e	Day	time Te	lephon	e Numb	er	-			

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
ARGALL, DAVID G.	From:	To:	11/22/2004
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)		\$	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)		\$	320.79
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	Period (3)	\$	320.79
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	320.79

#### **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 Candidat	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	:				
		-		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

### 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.

Name of Filing Comm	nittee or Candidate	Re	porting I	Period			
		Fro	om:		To	o:	
		l .		DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						l	
							PAGE TOTAL

#### **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			
ARGALL, DAVID G.	From:	То:	11/22/2004	
	DAT	E	AMOUNT	

						741.00111	
Full Name of Contributing Committee	-				YEAR		
VOLUNTEERS FOR ARGALL			МО	DAY	ILAK	\$	320.79
Mailing Address P O BOX 241			10	28	2004	•	
City TAMAQUA	State	Zip Code (Plus 4)	10	20	2001		
	PA	18252					

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

**PAGE TOTAL \$** 320.79

### 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	2			Rep	orting Pe	riod				
				Fron	n:		To	<b>)</b> :		
					D	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	<b>(4)</b>						
Employer Name	•				Occupation					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section								PAGE TOTAL	
								\$	0.00	

## 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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<b>'</b>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Period							
ARGALL, DAVID G.	From:	To:	11/22/2004					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	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,		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City				Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti				
ARGALL, DAVID G.			From			То:	11/22/2004
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
DAVID G ARGALL			1.0				
Mailing Address 106 LAKE DR			10	28	2004	\$	320.79
City NESQUEHONING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18240	MILEAG	E REIMBUI	RSEMENT	CAMPA	IGN EXPENSES
							PAGE TOTAL
Enter Grand Total of Expendit	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	320.79