Campaign Finance Report

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

Filer Identificati Number :	ion	2003	194				port ed B		CANDI	DATE		СОМ	4ITTEE	TTEE \(\text{LOBBYIST} \)					
Name of Filing C	Committee	, Candida	ate or Lo	obbyist:		PAD	OF PA	AC.											
Street Address:	200 N	I 3RD ST	STE 15	500															
City:	HARR	ISBURG							State:	PA			Zip Cod	ie: 17	7101-1	585			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~		
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDATELECTION	y pre	E-	5.	30 DA ELECT		POST-	6. X			TERMINATION Yes N REPORT?					
report type)	ANNUAL	REPORT	7.	Year 2004					IG METHO				PAPER	PAPER DISKE					
Name of Office S	Sought by	Candidat	te:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
	,								МО	DAY	YE	AR	rumber	Couc			couc		
									11		2	2004		CODES)					
Summary of Expenditures		and	МО	DAY	YEAR	ł		_	МО	DAY	YE	AR	FO	FOR OFFICE USE ONLY					
				1 1		1	Т	0	11		22	2004							
A. Amount Bro	ught Forw	ard Fron	1 Last R	eport				\$			10,0	086.00							
B. Total Monet	ary Contri	butions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			10,0	086.00							
D. Total Expen	ditures (Fi	rom Sche	edule II	I)				\$			1,2	250.00							
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			8,8	36.00							
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II	I)	\$				0.00							
G. Unpaid Debt	ts And Obl	igations	(From S	Schedule IV)			\$				0.00			1				
					AFF	FID/	AVI	T SE	CTION										
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate re	eport, o	andio	date sig	ın here.						
I swear (or affirm) correct and comple		eport, incl	uding the	attached scl	hedule	s file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true		
Sworn to and subs	cribed befo	re me this		20							s	ignature	of Perso	n Submit	ting Rep	oort			
								- -					Prin	ted Name	e				
My Commission Ex	xpires	Signatui	re										Ema	il					
•	_	10	D/	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		best of m	ny knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before	e me this										Si	ignature o	of Candid	ate				
	day of			_ 20				_											
		ianstuss						-					Printe	d Name					
My Commission Exp		ignature											Ema	il					
		мо	D/	AY	YR	R		•		Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PADF PAC	From:	То:	11/22/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reportin	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 Reportin	g 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
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reportin	g Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reportin	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	0.00

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						
	rom:		To:							
		·		DATE			AMOUNT			
Full Name of Contributing Com	nmittee		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.

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.

Full Name of Contributor Mo DAY YEAR Mailing Address City State Zip Code (Plus 4)	MINT
Full Name of Contributor MO DAY YEAR Mailing Address \$	IINT
MO DAY YEAR Mailing Address \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E 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	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00		

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			Rep	eporting Period					
			Fror	n:		To	То:		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 of	or Candidate		Report	ing Peri	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	•	•							
Enter Grand Total of Part 5	ster Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							PAGE TOTAL	
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	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 Period		
PADF PAC	From:	To:	11/22/2004
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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)	\$	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 Candidate	lame of Filing Committee or Candidate				Reporting Period					
						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 Sche Section 2.	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,						PAGE TOTAL			
						\$	(0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Full Name of Contributor Mailing Address City State Zip (Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY YEAR				
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

1,250.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporting Period					
PADF PAC	PADF PAC					То:	11/22/2004	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
KEYSTONE LEADER'S PAC								
Mailing Address				20	2004	\$	1,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA		CONTR	IBUTION				
To Whom Paid			МО	DAY	YEAR			
TEAM GILLESPIE COMMITTEE				DAI	ILAK			
Mailing Address			10	20	2004	\$	250.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA		CONTR					
Enter Grand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D).			Ι.		