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 :	on 2	004127				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Ca	ndidate or	_obbyist:		QUI	IGLE	Y, TO	м сом т	O ELE	СТ							
Street Address:	560 PINE	ST															
City:	ROYERSF	ORD						State:	PA			Zip Cod	de: 19	9468-2	017		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣-	5.	30 DA ELECT		POST-			TERMINATION REPORT?		Yes	No	~	
report type)	ANNUAL REP	ORT 7. X	Year 2004					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Can	didate:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	YE	AR		STH	REF	<u> </u>	46	
REPRESENTATI	VE IN THE GE	NERAL AS	SEMBLY					11		2	2004		(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of		d MO	DAY	YEAR	R			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	-	1	Т	0	12	: :	31	2004						
A. Amount Bro	ught Forward	From Last	Report				\$			2,1	104.76						
B. Total Monet	ary Contributi	ons And Re	ceipts (Fron	n Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sui	m Of Lines	A and B)				\$			2,1	104.76						
D. Total Expend	ditures (From	Schedule I	II)				\$			2,1	52.09						
E. Ending Cash	Balance (Sub	tract Line [From Line	C)			\$			(4	17.33)						
F. Value Of In-	Kind Contribu	ions Recei	ved (From S	chedu	le I	I)	\$			4	74.33						
G. Unpaid Debt	ts And Obligat	ions (From	Schedule I\	/)			\$			10,2	50.00						
				AFF	·ID/	AVI	T SE	CTION									
PART I - If this is	s a Committee	report, tre	asurer sign	here.	If th	nis is	a Can	didate r	eport, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		, including th	e attached so	hedule	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , true	e,
Sworn to and subs	cribed before m	e this	20							S	ignature	of Perso	n Submit	ting Re _l	ort		-
	— ————————————————————————————————————	nature					- -					Prin	ted Name	•			-
My Commission Ex	cpires						_					Ema	il				-
	МО	ſ	PAY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my know	ledge and bel	ief this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subso		this									S	ignature (of Candida	ate			-
	day of 		_ 20				-					Printe	d Name				-
	Signat	ure					-					F	:1				-
My Commission Exp	oires											Ema					
	мо	·	DAY	YR	ł		-		Area	Code		D	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
QUIGLEY, TOM COM TO ELECT	From:	To:	12/31/2004
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	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 Reporting	g Period (3)	\$	0.00
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 ar 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 C	andidate		Rep Fro	oorting P m:	eriod	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				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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	orting Pe	riod				
			Fron	n:		То	:		
				D/	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	C	0.00
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.				PAGE TOTAL	
						_	•	0.00	0

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 Sammary r age,	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		
QUIGLEY, TOM COM TO ELECT	From:	То:	<u>12/31/2004</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	474.33
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		\$	474.33

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate		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

QUIGLEY, TOM COM TO ELECT

Reporting Period

To: 12/31/2004

						DATE			AMOUNT
Full Name of Contributor CHAMBER PAC					мо	DAY	YEAR		
Mailing Address								\$	474.33
City	State		Zip Code(Pl	us 4)	12	3	2004		
Employer of Contributor	'				Occupa	ntion			
Employer Mailing Address/Pring Business	cipal Place of	City		State	Zip 4)	Code(Plus	Descri	ption of (Contribution
							MAILI	NGS AND	POSTAGE
Enter Grand Total of Part G	on Schedule II,	In-Kind	Contributio	ns Deta	iled				PAGE TOTAL
Summary Page, Section 3.									474.33

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Report	ing Period	ı		
QUIGLEY, TOM COM TO ELECT			From			То:	12/31/2004
				DATI	E		AMOUNT
To Whom Paid HRCC			мо	DAY	YEAR		
Mailing Address PO BOX 1178	37					\$	375.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Descr i		enditure		
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 2800	00					\$	243.09
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Descr ipHON		Expenditure	2	
To Whom Paid KLEIN TRANSPORTATION			МО	DAY	YEAR		
Mailing Address PO BOX 246						\$	1,534.00
City DOUGLASVILLE	State PA	Zip Code (Plus 4) 19518	Description of Expenditure TRAVEL				
Enter Grand Total of Expendi	tures on Dage 1 De	unort Cover Page Item [<u> </u>				PAGE TOTAL

2,152.09

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		Reportin	g Period			
QUIGLEY, TOM COM TO ELE	СТ		From:			То:	12/31/2004
					DATE		Outstanding Balance of Debt
Name of Creditor				мо	DAY	VEAD	
THOMAS J. QUIGLEY				МО	DAT	YEAR	
Mailing Address 560 PIN	NE ST. APT. 12			3	17	2004	\$ 50.00
City ROYERSFORD	State PA	Zip Code (Plu 19468	ıs 4)	Descrip LOAN	tion of Del	ot	
					DATE		Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				МО	DAY	YEAR	
Mailing Address 560 PIN	NE ST. APT. 12			3	19	2004	\$ 2,000.00
City ROYERSFORD	State	Zip Code (Plu	ıs 4)	Descrip	tion of Del	ot	
	PA	19468		LOAN			
		•			DATE		Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY	·			МО	DATE	YEAR	
THOMAS J. QUIGLEY	NE ST. APT. 12			MO 4		YEAR 2004	\$ Balance of Debt
THOMAS J. QUIGLEY	NE ST. APT. 12 State PA	Zip Code (Plu 19468	is 4)	4	DAY	2004	\$ Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PIN	State		is 4)	4 Descrip	DAY 3	2004	\$ Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PIN	State		is 4)	4 Descrip	DAY 3	2004	\$ 4,000.00 Outstanding
THOMAS J. QUIGLEY Mailing Address 560 PIN City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY	State		is 4)	4 Descript LOAN	DAY 3 otion of Del	2004 ot	4,000.00 Outstanding Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PIN City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY	State PA			4 Descrip LOAN MO	DAY 3 Otion of Del DATE DAY	2004 YEAR 2004	4,000.00 Outstanding Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PIN City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY Mailing Address 560 PIN	State PA NE ST. APT. 12 State	19468 Zip Code (Plu		4 Description MO 5 Description	DAY 3 btion of Del DATE DAY 20	2004 YEAR 2004	4,000.00 Outstanding Balance of Debt
Mailing Address 560 PIN City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY Mailing Address 560 PIN City ROYERSFORD	State PA NE ST. APT. 12 State	Zip Code (Plu 19468	ns 4)	4 Description MO 5 Description	DAY 3 btion of Del DATE DAY 20	2004 YEAR 2004	A,000.00 Outstanding Balance of Debt 4,200.00