

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2003196		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: KILLION, THOMAS VICTORY COM										
Street Address: 50 SOUTH PROVIDENCE ROAD										
City: MEDIA			State: PA		Zip Code: 19063					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2005	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	8	2005	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1	TO	5	2	2005		
A. Amount Brought Forward From Last Report				\$		15,552.97				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		7,250.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		22,802.97				
D. Total Expenditures (From Schedule III)				\$		2,142.52				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		20,660.45				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		727.65				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
KILLION, THOMAS VICTORY COM	From:	To: <u>5/2/2005</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting 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)	\$	100.00
All Other Contributions (Part B)	\$	150.00
	TOTAL for the Reporting Period	(2)
		\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	1,500.00
All Other Contributions (Part D)	\$	5,500.00
	TOTAL for the Reporting Period	(3)
		\$ 7,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	7,250.00
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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	
KILLION, THOMAS VICTORY COM	From:	To: <u>5/2/2005</u>
DATE		AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	
PA ASSOCIATION OF HEALTH UNDERWRITERS				
Mailing Address 17 N. DELMORR AVENUE				\$ 100.00
City MORRISVILLE	4	11	2005	
State PA				
Zip Code (Plus 4) 19067				

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

PAGE TOTAL
\$ 100.00

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 KILLION, THOMAS VICTORY COM	Reporting Period From: To: <u>5/2/2005</u>
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				DATE	AMOUNT
Full Name of Contributor CHALMERS E. CORNELIUS III M.D.		MO	DAY	YEAR	\$ 150.00
Mailing Address 1 ANDOVER ROAD		4	18	2005	
City HAVERFORD	State PA	Zip Code (Plus 4) 19041			

PAGE TOTAL
\$ 150.00

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

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 KILLION, THOMAS VICTORY COM	Reporting Period From: _____ To: <u>5/2/2005</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
MILLER ALFANO & RASPANTI PAC	1818 MARKET ST., STE 3402	PHILADELPHIA	4	25	2005	\$ 500.00
	State PA	Zip Code (Plus 4) 19103				
RACE STREET PAC	230 WYOMING AVENUE	KINGSTON	4	29	2005	\$ 1,000.00
	State PA	Zip Code (Plus 4) 18704				

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

PAGE TOTAL
\$ 1,500.00

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 KILLION, THOMAS VICTORY COM	Reporting Period From: To: <u>5/2/2005</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DANIEL E. KENNEDY							
Mailing Address 625 BEAUMONT CIRCLE				4	13	2005	\$ 500.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380					
Employer Name RIDDLE HEALTH SYSTEM				Occupation HOSPITAL EXECUTIVE			
Employer Mailing Address/Principal Place of Business 1068 W. BALTIMORE PIKE			City MEDIA	State PA	Zip Code (Plus 4) 19063		
JEFFREY M. HUGO							
Mailing Address 347 DRESHERTOWN ROAD				4	13	2005	\$ 500.00
City FORT WASHINGTON	State PA	Zip Code (Plus 4) 19034					
Employer Name NATIONWIDE PROVIDENT				Occupation INSURANCE BROKER			
Employer Mailing Address/Principal Place of Business 1000 CHESTERBROOK BOULEVARD			City BERWYN	State PA	Zip Code (Plus 4) 19312		
RAYMOND IACOBUCCI							
Mailing Address 47 PAUL LANE				4	14	2005	\$ 500.00
City GLEN MILLS	State PA	Zip Code (Plus 4) 19382					
Employer Name IACOBUCCI HOMES				Occupation SENIOR VICE PRESIDENT			
Employer Mailing Address/Principal Place of Business 2EF RAYMOND DR.,			City HAVERTOWN	State PA	Zip Code (Plus 4) 19083		

Full Name of Contributor THOMAS J. ANDERSON			MO	DAY	YEAR	\$ 500.00
Mailing Address 112 PHEASANT HILL LANE			4	18	2005	
City LANDENBERG	State PA	Zip Code (Plus 4) 19342				
Employer Name TJA ASSOCIATES INC.			Occupation CONSULTANT			
Employer Mailing Address/Principal Place of Business 1215 W. BALTIMORE PIKE		City MEDIA	State PA	Zip Code (Plus 4) 19063		

Full Name of Contributor JAMES P. LAKE JR.			MO	DAY	YEAR	\$ 500.00
Mailing Address 6 STONEY BROOK BLVD.			4	18	2005	
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073				
Employer Name PLANCO, INC.			Occupation NATIONAL SALES DIRECTOR			
Employer Mailing Address/Principal Place of Business 1500 LIBERTY RIDGE DRIVE		City WAYNE	State PA	Zip Code (Plus 4) 19087		

Full Name of Contributor THOMAS J. COLLINS			MO	DAY	YEAR	\$ 500.00
Mailing Address 649 CHEYNEY ROAD			4	18	2005	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064				
Employer Name PHOENIX CONTRACTORS, INC.			Occupation BUSINESS OWNER			
Employer Mailing Address/Principal Place of Business 115 STATE STREET, SUITE 400		City MEDIA	State PA	Zip Code (Plus 4) 19063		

Full Name of Contributor JAMES J. ROHN			MO	DAY	YEAR	\$ 500.00
Mailing Address 1510 PENNSYLVANIA AVENUE			4	19	2005	
City PAOLI	State PA	Zip Code (Plus 4) 19301				
Employer Name CONRAD, O'BRIEN, P.C.			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 1515 MARKET ST., 16TH FL.		City PHILA	State PA	Zip Code (Plus 4) 19102		

Full Name of Contributor RUSSELL CARLSON			MO	DAY	YEAR	\$ 500.00
Mailing Address 33 GALLANT FOX DRIVE			4	19	2005	
City MEDIA	State PA	Zip Code (Plus 4) 190635260				
Employer Name BENSERVE EMPLOYEE BENEFIT SE			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 453 BALTIMORE PIKE		City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064		

Full Name of Contributor BEATTY & LINCKE			MO	DAY	YEAR	\$ 500.00
Mailing Address 2 WEST MARKET STREET, 6TH FL			4	21	2005	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor TOM BABCOCK			MO	DAY	YEAR	\$ 500.00
Mailing Address 117 ROSE LANE			4	21	2005	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064				
Employer Name KINETIX			Occupation SR. VICE PRESIDENT			
Employer Mailing Address/Principal Place of Business 242 PEMBROKE AVE.		City LANSDOWNE	State PA	Zip Code (Plus 4) 19050		

Full Name of Contributor CORNELIUS J. CASSIDY			MO	DAY	YEAR	\$ 500.00
Mailing Address 180 DARIA ROSE COURT			5	2	2005	
City MEDIA	State PA	Zip Code (Plus 4) 19063				
Employer Name CASSIDY CONSTRUCTION CO.			Occupation BUSINESS OWNER			
Employer Mailing Address/Principal Place of Business 501 BAILEY ROAD		City YEADON	State PA	Zip Code (Plus 4) 19050		

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

PAGE TOTAL	
\$	5,500.00

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: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
KILLION, THOMAS VICTORY COM		From:	To: 5/2/2005
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 727.65
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 727.65

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
KILLION, THOMAS VICTORY COM				From:		To: <u>5/2/2005</u>	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 727.65
PETER R. BARSZ CPA							
Mailing Address 1023 BENT ROAD				5	2	2005	
City MEDIA		State PA	Zip Code(Plus 4) 19063				
Employer of Contributor MERVES AMON & BARSZ LLC				Occupation CPA			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
50 S. PROVIDENCE ROAD			MEDIA	PA	19063	ACCOUNTING SERVICES	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 727.65	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KILLION, THOMAS VICTORY COM	From: _____ To: <u>5/2/2005</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
NETHER PROVIDENCE REPUBLICAN PARTY	4	9	2005	\$ 75.00
Mailing Address 404 N. PROVIDENCE ROAD				
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION	
To Whom Paid AT&T	4	9	2005	\$ 31.15
Mailing Address RETAIL PROCESSING CENTER				
City PITTSBURG	State PA	Zip Code (Plus 4) 15287	Description of Expenditure TELEPHONE	
To Whom Paid VERIZON	4	9	2005	\$ 57.04
Mailing Address P.O. BOX 28000				
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180028000	Description of Expenditure TELEPHONE	
To Whom Paid COMMERCE BANK N.A.	4	9	2005	\$ 108.71
Mailing Address P.O. BOX 2580				
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure MEETING EXPENSE	
To Whom Paid NEWTOWN TOWNSHIP REPUBLICAN COMMITTEE	4	10	2005	\$ 200.00
Mailing Address 230 NORTH MONROE STREET				
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION	

To Whom Paid HOUSE REPUBLICAN CAMPAIGN COMMITTEE			MO	DAY	YEAR	
Mailing Address STATE CAPITAL BUILDING			4	13	2005	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure CONTRIBUTION			
To Whom Paid FAIR ACRES FAIR			MO	DAY	YEAR	
Mailing Address P.O. BOX 496			4	21	2005	
City LIMA	State PA	Zip Code (Plus 4) 19037	Description of Expenditure CONTRIBUTION			
To Whom Paid MODERN DEVELOPMENT			MO	DAY	YEAR	
Mailing Address P.O. BOX 237			4	21	2005	
City PENNS PARK	State PA	Zip Code (Plus 4) 18943	Description of Expenditure INTERNET SERVICES			
To Whom Paid KARI J. MCNICHOL			MO	DAY	YEAR	
Mailing Address 645 OLD SCHOOL HOUSE DRIVE			4	22	2005	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure PAYROLL			
To Whom Paid UNITED STATES TREASURY			MO	DAY	YEAR	
Mailing Address P.O. BOX 105703			5	2	2005	
City ATLANTA	State GA	Zip Code (Plus 4) 303485703	Description of Expenditure PAYROLL TAXES			
To Whom Paid PAUC FUND			MO	DAY	YEAR	
Mailing Address P.O. BOX 68568			5	2	2005	
City HARRISBURG	State PA	Zip Code (Plus 4) 171068568	Description of Expenditure PAYROLL TAXES			

To Whom Paid PA DEPARTMENT OF REVENUE			MO	DAY	YEAR	
Mailing Address DEPT. 280415			5	2	2005	\$ 9.46
City HARRISBURG	State PA	Zip Code (Plus 4) 171280415	Description of Expenditure PAYROLL TAXES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,142.52

