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 :				port		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST				
Name of Filing C	Committee, Can	didate or l	Lobbyist:		KIL	LION	I, THO	DMAS VIC	CTORY	СОМ							
Street Address:	50 SOUTH	PROVIDE	NCE ROAD)													
City:	MEDIA				State:			PA			Zip Cod	le: 19	9063				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	!-	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIE		E-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPO	RT 7.	Year 200	5				IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candi	idate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
	- ,							МО	DAY	YE	AR		10000	 		-	
								11		8	2005		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
Expenditures from:									AR	FO	R OFFI	CE USE	ONLY				
			1	1	1	. Т	0	6		6	2005						
A. Amount Bro	ught Forward F	rom Last	Report				\$			20,6	60.45						
B. Total Monet	ary Contribution	ns And Re	ceipts (Fro	m Sche	edule	e I)	\$			4,7	775.00						
C. Total Funds	Available (Sum	Of Lines	A and B)				\$			25,4	135.45						
D. Total Expen	ditures (From S	chedule I	II)				\$			3,2	208.60						
E. Ending Cash	Balance (Subti	act Line [From Line	e C)			\$			22,2	26.85						
F. Value Of In-	Kind Contributi	ons Recei	ved (From	Schedu	ıle II	I)	\$			1,2	83.25						
G. Unpaid Debt	s And Obligation	ns (From	Schedule	IV)			\$				0.00			1			
				AFF	FIDA	AVI	T SE	CTION									
PART I - If this is	s a Committee i	eport, tre	asurer sig	n here.	If th	nis is	a Can	ndidate re	port, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple		including th	e attached	schedule	s file	ed on	paper (or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	e,
Sworn to and subs	cribed before me day of	this	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
-	Sign	ature					- -					Prin	ted Name	e			-
My Commission Ex	-							,				Ema	il				-
	мо	ı	DAY	YR	ł.		_		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a c	andidate's	authorize	d Com	mitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge and b	elief this	s poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc		his									Si	ignature o	of Candid	ate			-
	day of ————————————————————————————————————						_					Printe	d Name				-
	Signatu	re					-										
My Commission Exp	_											Ema	ii				
	мо	ı	DAY	YF	₹		-		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
KILLION, THOMAS VICTORY COM	From:	То:	6/6/2005
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	125.00
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)		\$	650.00
TOTAL for the Reporting	Period (2)	\$	650.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	3,500.00
TOTAL for the Reporting	Period (3)	\$	4,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	4,775.00

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					
		From: To			o:			
		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.

PAGE TOTAL\$ 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 Candidat	Name of Filing Committee or Candidate			orting Pe	eriod			
KILLION, THOMAS VICTORY COM			Fror	m:		To):	<u>6/6/2005</u>
					DATE			AMOUNT
Full Name of Contributor MICHAEL L. SIDOR M.D.				МО	DAY	YEAR		
Mailing Address 35 KINGSTON RD							\$	100.00
City MEDIA	State PA	Zip Code (Plus 4) 19063		5	17	2005		
Full Name of Contributor EDWARD T. HOVICK		МО	DAY	YEAR				
Mailing Address 4 COBBLESTONE CT				٦	24	2005	\$	100.00
City GLEN MILLS	State PA	Zip Code (Plus 4) 19342		5	24	2005		
Full Name of Contributor MICHAEL ADESMAN				МО	DAY	YEAR		
Mailing Address 400 WOODWARD R	D						\$	100.00
City MEDIA	State PA	Zip Code (Plus 4) 19063		5	27	2005		
Full Name of Contributor LEON M. MIELCAREK JR.				МО	DAY	YEAR		
Mailing Address 104 JUNIPER CT City GLEN MILLS	State PA	Zip Code (Plus 4) 19342		6	1	2005	\$	100.00
Full Name of Contributor DAVID J. BOZENTKA					DAY	YEAR		
Mailing Address 119 W. ROSE VALLEY RD							\$	250.00
City WALLINGFORD	State PA	Zip Code (Plus 4) 19086		6	2	2005		

PAGE TOTAL

\$ 650.00

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

PART C

Reporting Period

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.

KILLION, THOMAS VICTORY COM	From:			То:	<u>6/6/2005</u>
		DA	TE		AMOUNT
Full Name of Contributing Committee EXELON PAC		МО	DAY	YEAR	
Mailing Address P.O. BOX 805379	(Divo 4)	5	9	2005	\$ 500.00

Zip Code (Plus 4)

606805379

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

State

ΙL

Name of Filing Committee or Candidate

City

CHICAGO

PAGE TOTAL \$ 500.00

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				
KILLION, THOMAS VICTORY COM				Fron	m:		To):	<u>6/6/2005</u>	
					D/	ATE		AI	MOUNT	
Full Name of Contributor WALTER R. GARRISON					мо	DAY	YEAR			
Mailing 238 SYCAMORE MILLS Address	S RD							\$	500.00	
City ROSE TREE	State	Zij	Code (Plus	4)	5	4	2005			
	PA	19	063							
Employer Name CDL CORPORATION					Occupat	tion [DIRECTO	OR		
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip Cod	e (Plus 4)	
1717 ARCH ST			PHILA			PA		19103		
Full Name of Contributor JAYNE BACON GARRISON					МО	DAY	YEAR			
Mailing 238 SYCAMORE MILLS	S RD							\$	500.00	
City ROSE TREE	State	Zij	Code (Plus	4)	5	4	2005			
	PA	19	063							
Employer Name					Occupat	t ion	RETIREC)		
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip Cod	e (Plus 4)	
						I		1		
Full Name of Contributor JOHN A. RAIMONDO					мо	DAY	YEAR			
Mailing Address 3511 CALEY RD								\$	500.00	
City NEWTOWN SQUARE	State	Zij	Code (Plus	4)	5	11	2005			
- -	PA	19	073							
Employer Name CLA INSURANCE			Occupation BUSINESS OWNER				ER			
mployer Mailing Address/Principal Place of City				State			Zip Code (Plus 4)			
2 CAMPUS BLVD			NEWTOW	'N SQU	N SQUARE PA 19073			19073		

Full Name of Con	tributor									
DAVID J. URBAN					МО	DAY	YEAR			
Mailing Address	10100 MEYER POINT	TERRACE						\$	500.00	
City POTOMAC		State	Zij	Code (Plus 4)	5	17	2005			
TOTOMA	-	MD	20	854						
Employer Name	AMERICAN CONTINE	TAL GROUP			Occupat	ion	ONSUL	 TANT		
						,				
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (Plus	4)	
2099 PA AVE, NV	V, STE 850			WASHINGTON		DC		20006		
Full Name of Con	tributor TEN PUBLIC AFFAIRS L	LP			МО	DAY	YEAR			
Mailing Address	604 NORTH THIRD S	Γ.						- \$	500.00	
City HADDICE	LIDC	State	Zij	o Code (Plus 4)	5	19	2005			
City HARRISB	URG	PA		101						
Employer Name					Occupation					
Employer Mailing Address/Principal Place of Business City				City		State		Zip Code (Plus	4)	
Full Name of Con					МО	DAY	YEAR			
Mailing Address	137 PAINTER RD							\$	500.00	
City MEDIA		State	Zij	Code (Plus 4)	5	19	2005			
MEDIA		PA	19	063						
Employer Name	SELF EMPLOYED	1			Occupat	ion A	TTORNE	 <u>=</u> Y		
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (Plus	4)	
109 CHESLEY DR	. .			MEDIA		PA		19063		
Full Name of Con	tributor				МО	DAY	YEAR			
JANET B. GALIB										
Mailing Address	1412 WREN LN							\$	500.00	
City WEST CH	ESTER	State	Zij	Code (Plus 4)	5	27	2005			
		PA	19	382						
Employer Name	CORRESPONDENCE R SENT TO THE CONTR				Occupation					
	Employer Mailing Address/Principal Place of City				<u>I</u>	State		Zip Code (Plus	4)	
_u3111033										
				•			<u>'</u>			

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

PAGE TOTAL

\$ 3,500.00

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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							
KILLION, THOMAS VICTORY COM	From:	То:	<u>6/6/2005</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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)	\$	1,283.25					
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,		\$	1,283.25					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	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 So	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

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

Name of Filing Committee or Candidate

KILLION, THOMAS VICTORY COM

From:

To: 6/6/2005

							DATE			AMOUNT	
Full Name of Contributor PETER R. BARSZ CPA					мо		DAY	YEAR			
Mailing Address 1023 BENT RD									\$	1,283.25	
City MEDIA	State		Zip Code(I	ip Code(Plus 4)			6	2005			
	PA 19063										
Employer of Contributor MERVE	S AMON & BAR	SZ LLC	•		Occupation CPA						
Employer Mailing Address/Principal Business	Place of	City		State		Zip Code(Plus 4)			Description of Contribution		
50 S. PROVIDENCE RD		MEDIA	1	PA	19	19063 ACC			ACCOUNTING SERVICES		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De										PAGE TOTAL	
Summary Page, Section 3.										1,283.25	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
KILLION, THOMAS VICTORY COM			From			То:	6/6/2005	
				DATE		AMOUNT		
To Whom Paid POSTMASTER OF MEDIA			мо	DAY	YEAR			
Mailing Address BALTIMORE PIKE			5	6	2005	\$	370.00	
City MEDIA State Zip Code (Plus 4) PA 19063				otion of Exp	penditure			
To Whom Paid AT&T	мо	DAY	YEAR					
Mailing Address RETAIL PROCESING CENTER				6	2005	\$	31.28	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15287	Description of Expenditure TELEPHONE					
To Whom Paid VERIZON			мо	DAY	YEAR			
Mailing Address P.O. BOX 28000			5	6	2005	\$	57.63	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180028000	Descrip TELEPH	otion of Exp	penditure			
To Whom Paid RIDDLE VILLAGE SUPPORT ENDOWMEN	NT FUND		МО	DAY	YEAR			
Mailing Address 1048 W. BALTIMORE PIKE			5	6	2005	\$	500.00	
City MEDIA State Zip Code (Plus 4) PA 19063			Descrip ADVER	tion of Exp	penditure			
To Whom Paid	o Whom Paid				YEAR			

THOMAS KILLION

Mailing Address

GLEN MILLS

City

3 LAURA LYNN LN

State

PΑ

5/3/2024	2:03:38	РМ

78.08

Description of Expenditure

2005

POSTAGE

Zip Code (Plus 4)

19342

To Whom Paid FRANCINE M. GLACKIN	мо	DAY	YEAR						
Mailing Address 4 PHOEBE LN			5	6	2005	\$	33.		
City THORNTON	RNTON State Zip Code (Plus 4) PA 19373				Description of Expenditure POSTAGE				
To Whom Paid FRANCINE M. GLACKIN				DAY	YEAR				
Mailing Address 4 PHOEBE LN				6	2005	\$	13.		
City THORNTON	State PA	Zip Code (Plus 4) 19373	1	stion of Exp					
To Whom Paid COMMERCE BANK N.A.	МО	DAY	YEAR						
Mailing Address P.O. BOX 2580			5	6	2005	\$	45.		
City CHERRY HILL	State	Zip Code (Plus 4)	Description of Expenditure MEALS						
CHERRITIEE	NJ	080340372		-					
To Whom Paid COMMERCE BANK N.A.	NJ	080340372		DAY	YEAR				
To Whom Paid	NJ	080340372	MEALS			\$	219.		
To Whom Paid COMMERCE BANK N.A.	NJ State NJ	Zip Code (Plus 4) 080340372	MO 5	DAY 6 stion of Exp	YEAR 2005	\$	219.		
To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580	State	Zip Code (Plus 4)	MO 5 Descrip	DAY 6 stion of Exp	YEAR 2005	\$	219.		
To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580 City CHERRY HILL To Whom Paid	State	Zip Code (Plus 4)	MO 5 Description	DAY 6 Stion of Exp	YEAR 2005 penditure	\$	219.		
To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580 City CHERRY HILL To Whom Paid COMMERCE BANK N.A.	State	Zip Code (Plus 4)	MO 5 Description MO 5	DAY 6 bition of Exp NG DAY 6	YEAR 2005 Penditure YEAR 2005				
To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580 City CHERRY HILL To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580	State NJ	Zip Code (Plus 4) 080340372 Zip Code (Plus 4)	MO 5 Description MO 5 Description MO 5	DAY 6 bition of Exp NG DAY 6	YEAR 2005 Penditure YEAR 2005				
To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580 City CHERRY HILL To Whom Paid COMMERCE BANK N.A. Mailing Address P.O. BOX 2580 City CAMP HILL	State NJ	Zip Code (Plus 4) 080340372 Zip Code (Plus 4)	MO 5 Description MO 5 Description MO 5 Description MO 5	DAY 6 DAY 6 DAY 6 DITION OF EXP	YEAR 2005 Denditure YEAR 2005 Denditure				

							Р	AGE 16
To Whom Paid DELAWARE COUNTY REPUBLICAN EXECUTIVE COMMITTEE					DAY	YEAR		
Mailing Address 323 W. FRONT ST					10	2005	\$	200.00
City MEDIA	State Zip Code (Plus 4) PA 19063			Description of Expenditure CONTRIBUTION				
To Whom Paid HERO SCHOLARSHIP FUND OF DE COUNTY INC.				МО	DAY	YEAR		
Mailing Address FRONT ST				5	10	2005	\$	60.00
City MEDIA		State PA	Zip Code (Plus 4) 19063		otion of Exp	enditure		
To Whom Paid PA SPORTS HALL OF FAME DELCO CHAPTER					DAY	YEAR		
Mailing Address 575 SHEFFIELD DR				5	10	2005	\$	60.00
City SPRINGF	TELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure CONTRIBUTION				
To Whom Paid MEDIA REPUBLIO	CAN COMMITTEE			мо	DAY	YEAR		
	CAN COMMITTEE P.O. BOX 364			MO 5	DAY 13	YEAR 2005	\$	200.00
MEDIA REPUBLIO		State PA	Zip Code (Plus 4) 19063	5 Descrip		2005		200.00
MEDIA REPUBLIO Mailing Address City MEDIA To Whom Paid				5 Descrip	13 otion of Exp	2005		200.00
MEDIA REPUBLIO Mailing Address City MEDIA To Whom Paid	P.O. BOX 364			5 Descrip CONTR	13 Otion of Exp IBUTION	2005 penditure		200.00
Mailing Address City MEDIA To Whom Paid EDDIE LANCAST	P.O. BOX 364 FER FOUNDATION P.O. BOX 207			Description CONTR MO 5 Description Control	13 Dition of Exp IBUTION DAY	2005 penditure YEAR 2005	\$	
MEDIA REPUBLIO Mailing Address City MEDIA To Whom Paid EDDIE LANCAST Mailing Address City EDGEMEN To Whom Paid	P.O. BOX 364 FER FOUNDATION P.O. BOX 207	PA State PA	19063 Zip Code (Plus 4)	Description CONTR MO 5 Description Control	13 otion of Exp IBUTION DAY 13 otion of Exp	2005 penditure YEAR 2005	\$	
MEDIA REPUBLIO Mailing Address City MEDIA To Whom Paid EDDIE LANCAST Mailing Address City EDGEMEN To Whom Paid	P.O. BOX 364 FER FOUNDATION P.O. BOX 207	State PA TEE	19063 Zip Code (Plus 4)	Descrip CONTR MO 5 Descrip ADVER	DAY 13 DAY 13 DITION 13	2005 Penditure YEAR 2005 Penditure DITRIBUT	\$	

To Whom Paid KARI J. MCNICHOL				DAY	YEAR		
Mailing Address 645 OLD SCHOOL HOUSE DR				20	2005	\$	445.95
City SPRINGFIELD State PA 19064			Description of Expenditure PAYROLL				
To Whom Paid POSTMASTER OF MEDIA	МО	DAY	YEAR				
Mailing Address BALTIMORE PIKE				6	2005	\$	37.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure POSTAGE				
To Whom Paid COMMERCE BANK	МО	DAY	YEAR				
Mailing Address 42 E. BALTIMORE PIKE				31	2005	\$	12.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure BANK CHARGES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Linco Grand Total of Exper	•			\$	3,208.60		