

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.	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. X	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	23			
				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	11	28	2005		
A. Amount Brought Forward From Last Report				\$		22,650.30				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		250.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		22,900.30				
D. Total Expenditures (From Schedule III)				\$		3,633.95				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		19,266.35				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		2,939.85				
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>11/28/2005</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)	\$ 150.00
All Other Contributions (Part B)	\$ 100.00
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)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 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>11/28/2005</u>
DATE		AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	
HAPAC				
Mailing Address P.O. BOX 8600				\$ 150.00
City HARRISBURG	11	7	2005	
State PA				
Zip Code (Plus 4) 171058600				

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

PAGE TOTAL
\$ 150.00

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	Reporting Period
KILLION, THOMAS VICTORY COM	From: To: <u>11/28/2005</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
RICHARD N. TAXIN					
Mailing Address 3 HILLTOP ROAD					
City WALLINGFORD				11	17
State PA					2005
Zip Code (Plus 4) 190866216					100.00
				\$	100.00

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

PAGE TOTAL
\$ 100.00

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: To:

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

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

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

PAGE TOTAL
\$ 0.00

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
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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KILLION, THOMAS VICTORY COM	From _____ To: <u>11/28/2005</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
VICKI M. CHILDS	10	25	2005	\$ 100.00
Mailing Address 1299 WEST BALTIMORE PIKE				
City MEDIA				
State PA				
Zip Code (Plus 4) 19063				
Description of Expenditure CONSTITUENT GIFTS				
To Whom Paid PAUC FUND	10	25	2005	\$ 39.29
Mailing Address P.O. BOX 68568				
City HARRISBURG				
State PA				
Zip Code (Plus 4) 171068568				
Description of Expenditure PAYROLL TAXES				
To Whom Paid PA DEPARTMENT OF REVENUE	10	28	2005	\$ 46.05
Mailing Address DEPT. 280415				
City HARRISBURG				
State PA				
Zip Code (Plus 4) 171280415				
Description of Expenditure PAYROLL TAXES				
To Whom Paid UNITED STATES TREASURY	10	28	2005	\$ 229.50
Mailing Address P.O. BOX 105703				
City ATLANTA				
State GA				
Zip Code (Plus 4) 303485703				
Description of Expenditure PAYROLL TAXES				
To Whom Paid TAYLOR HOSPICE RESIDENCE	10	28	2005	\$ 100.00
Mailing Address 300 JOHNSON AVENUE				
City RIDLEY PARK				
State PA				
Zip Code (Plus 4) 190782284				
Description of Expenditure CONTRIBUTION				

To Whom Paid COMMERCE BANK N.A.			MO	DAY	YEAR	
Mailing Address P.O. BOX 2580			11	7	2005	\$ 252.77
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure MEETING EXPENSE			
To Whom Paid COMMERCE BANK N.A.			MO	DAY	YEAR	
Mailing Address P.O. BOX 2580			11	7	2005	\$ 50.00
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure AUTO EXPENSE			
To Whom Paid COMMERCE BANK N.A.			MO	DAY	YEAR	
Mailing Address P.O. BOX 2580			11	7	2005	\$ 106.00
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080340372	Description of Expenditure CONSTITUENT GIFTS			
To Whom Paid DELAWARE COUNTY YOUNG REPUBLICANS			MO	DAY	YEAR	
Mailing Address 323 W. FRONT STREET			11	7	2005	\$ 125.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure ADVERTISING/CONTRIBUTION			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address P.O. BOX 28000			11	7	2005	\$ 57.06
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180028000	Description of Expenditure TELEPHONE			
To Whom Paid AT&T			MO	DAY	YEAR	
Mailing Address RETAIL PROCESSING CENTER			11	7	2005	\$ 32.39
City PITTSBURGH	State PA	Zip Code (Plus 4) 15287	Description of Expenditure TELEPHONE			

To Whom Paid DELAWARE COUNTY FAMILY & COMMUNITY SERVICES			MO	DAY	YEAR	
Mailing Address 100 WEST FRONT STREET			11	9	2005	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION			
To Whom Paid HRCC			MO	DAY	YEAR	
Mailing Address P.O. BOX 11787			11	16	2005	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid PEGASUS			MO	DAY	YEAR	
Mailing Address 2216 WEST CHESTER PIKE			11	16	2005	
City BROOMALL	State PA	Zip Code (Plus 4) 19008	Description of Expenditure PRINTING			
To Whom Paid KARI J. MCNICHOL			MO	DAY	YEAR	
Mailing Address 645 OLD SCHOOL HOUSE DRIVE			11	18	2005	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure PAYROLL			
To Whom Paid PARKINSON DISEASE AND MOVEMENT DISORDER CENTER			MO	DAY	YEAR	
Mailing Address 1 MEDICAL CENTER BOULEVARD			11	21	2005	
City UPLAND	State PA	Zip Code (Plus 4) 19013	Description of Expenditure CONTRIBUTION			
To Whom Paid NEWTOWN PUBLIC LIBRARY			MO	DAY	YEAR	
Mailing Address 201 BISHOP HOLLOW ROAD			11	21	2005	
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073	Description of Expenditure CONTRIBUTION			

To Whom Paid DELAWARE COUNTY POLICE CHIEFS ASSOCIATION			MO	DAY	YEAR	
Mailing Address P.O. BOX 653			11	21	2005	\$ 60.00
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure CONTRIBUTION			
To Whom Paid COMMERCE BANK			MO	DAY	YEAR	
Mailing Address 42 E. BALTIMORE PIKE			11	23	2005	\$ 68.25
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 \$ 3,633.95

