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 2004	127			Rep File	port		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		QUI	GLE	Y, TO	м сом т	O ELE	СТ							
Street Address:	560 PINE ST																
City:	ROYERSFORD							State:	PA			Zip Cod	ie: 19	9468-2	017		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. X		AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2006					NG METHO				PAPER			DISKE	TTE	
Name of Office S	Sought by Candidat	te:	-					DATE O	F ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code	,
								МО	DAY	YI	AR	Number	STH	REP		46	
REPRESENTATI	VE IN THE GENER	AL ASS	EMBLY					11		7	2006		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1		1	Т	0	6		5	2006						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			17,	124.59						
B. Total Monet	ary Contributions /	And Rec	eipts (From	Sche	dule	ı)	\$			4	100.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			17,5	524.59						
D. Total Expen	ditures (From Sch	edule II	I)				\$			4	67.95						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			17,0	56.64						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	chedule IV)			\$			10,2	250.00			1			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. :	If th	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me this	;	20							9	ignature	of Perso	n Submit	ting Rep	ort		
							-					Prin	ted Name	e			
My Commission Ex	Signatu: opires	re										Ema	ii				
•	мо	D	AY	YR			_		Are	ea Cod	le		e Teleph	none Nu	nber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							Ī
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	1
Sworn to and subso	ribed before me this										Si	ignature o	of Candid	ate			
	day of		20				_										١
							_					Printe	d Name				
My Commission Exp	Signature pires											Ema	il				
	мо	D/	AY	YR	ł		-		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		
QUIGLEY, TOM COM TO ELECT	From:	То:	<u>6/5/2006</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)	_	\$	400.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting	Period (2)	\$	400.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	400.00

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 Cand	date	1	Reporting	Period			
QUIGLEY, TOM COM TO ELECT		1	From:		То	: <u>6/5/2</u>	<u>.006</u>
		·		DATE		AMOUNT	
Full Name of Contributing Committee MALADY & WOOTEN PUBLIC AFFAIR			МО	DAY	YEAR		
Mailing Address 604 NORTH Th	IRD ST					\$ 200.0	00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	5	12	2006		
Full Name of Contributing Committee SRW & A PAC			мо	DAY	YEAR		
Mailing Address 200 BROAD S	FREET SUITE 850			10	2006	\$ 200.0	00
City PHILADELPHIA	State	Zip Code (Plus 4)	5	12	2006		
	PA	19102					

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

PAGE TOTAL \$ 400.00

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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	40UNT
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	lame of Filing Committee or Candidate		Rep	orting Pe	riod			
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	•	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 or	Candidate		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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>6/5/2006</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidat	:e		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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
QUIGLEY, TOM COM TO ELEC	ज		From			То:	6/5/2006
				DATE			AMOUNT
To Whom Paid HRCC 2006, INC.			мо	DAY	YEAR		
Mailing Address PO BOX 1	1787		6	5	2006	\$	450.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Descri FUNDR				
To Whom Paid MARK F. MCMANUS			МО	DAY	YEAR		
Mailing Address 194 AZALI	EA CIRCLE		5	1	2006	\$	17.95
City LIMERICK	State PA	Zip Code (Plus 4) 19468	1	ption of Exp			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

467.95

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 Candida	te		Reportii	ng Period				
QUIGLEY, TOM COM TO ELECT			From:			То:		6/5/2006
					DATE			Outstanding Balance of Debt
Name of Creditor				мо	DAY	YEAR		
THOMAS J. QUIGLEY				МО	DAT	ILAR		
Mailing Address 560 PINE ST.				3	17	2005	\$	50.00
City ROYERSFORD	State PA	Zip Code (Pl 19468	us 4)	Descrip LOAN	otion of Del	ot		
					DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				МО	DAY	YEAR		
Mailing Address 560 PINE ST.				3	19	2004	\$	2,000.00
City ROYERSFORD	State PA	Zip Code (Plu 19468	us 4)	Descrip LOAN	otion of Del	ot	•	
	<u> </u>							Outstanding
					DATE			Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				МО	DATE	YEAR		
				MO 4		YEAR 2004	\$	Balance of Debt
THOMAS J. QUIGLEY	State PA	Zip Code (Pl 0 19468	us 4)	4	DAY	2004	\$	Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PINE ST.			us 4)	4 Descrip	DAY 23	2004	\$	Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PINE ST.			us 4)	4 Descrip	DAY 23	2004	\$	4,000.00 Outstanding
THOMAS J. QUIGLEY Mailing Address 560 PINE ST. City ROYERSFORD Name of Creditor			us 4)	4 Descrip LOAN	DAY 23 Otion of Del	2004 ot		4,000.00 Outstanding Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PINE ST. City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY				4 Descrip LOAN MO	DAY 23 Dition of Del DATE DAY	2004 YEAR 2004		4,000.00 Outstanding Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PINE ST. City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY Mailing Address 560 PINE ST.	PA	19468 Zip Code (Ple		4 Description MO 5 Description	DAY 23 Dation of Del DATE DAY 20	2004 YEAR 2004		4,000.00 Outstanding Balance of Debt
THOMAS J. QUIGLEY Mailing Address 560 PINE ST. City ROYERSFORD Name of Creditor THOMAS J. QUIGLEY Mailing Address 560 PINE ST.	PA State PA	2ip Code (Plu	us 4)	4 Description MO 5 Description	DAY 23 Dation of Del DATE DAY 20	2004 YEAR 2004		A,000.00 Outstanding Balance of Debt 4,200.00