Campaign Finance Report

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

Filer Identificat Number :	ion 79	00271			Repo Filed		CAND	IDATE	C	OMMITTEE	 ✓ 	LOB	BYIST	
Name of Filing	Committee, Cand	lidate or L	obbyist:		DEM S	TATE	SENATE (CAMPAI	GN COM					
Street Address:	PO BOX 379	92												
City:	HARRISBUR	G					State:	PA		Zip Co	ode: 17	105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRII PRIMARY		- 2.	30 D PRIN	DAY MARY	POST-	3.	AMEND REPOR	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION						DAY CTION	POST-	6.	TERMIN REPOR		Yes	No	\checkmark
report type)	ANNUAL REPOR	RT 7. X	Year 200	06			ING METH) CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candid	date:					DATE O	OF ELEC	CTION	District Numbe		Par	ty Code	County Code
							мо	DAY	YEAR	Numbe				Code
									7 20	006	(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1	1	1	то	12	2 3	31 20	06				
A. Amount Bro	ought Forward Fr	om Last R	eport			9	\$		61,373	54				
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 71,764.40														
C. Total Funds	Available (Sum	Of Lines A	and B)				\$	1	133,137	94				
D. Total Expen	ditures (From So	chedule II	I)				\$		0.	00				
E. Ending Cast	Balance (Subtra	act Line D	From Lin	e C)			\$	1	.33,137.	94				
F. Value Of In-	Kind Contributio	ons Receiv	ed (From	Schedu	le II)		\$		0.	00				
G. Unpaid Deb	ts And Obligation	ns (From S	Schedule	IV)			\$ 256,000.00							
				AFF	IDAV	IT S	ECTION							
PART I - If this i			-					• •		-				
I swear (or affirm correct and comp) that this report, i lete.	ncluding the	e attached	schedule	s filed or	n pape	r or by elect	tronic me	edium, are	to the best	of my knov	wledge	and beli	ef , true
Sworn to and sub	scribed before me t day of	his	20						Signa	ture of Pers	on Submitt	ting Re	port	
	Signa	ture				_				Pri	nted Name			
My Commission E	xpires									Em	ail			
	МО	D	AY	YR				Are	a Code	Dayti	me Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorize	ed Comn	nittee,	Candi	date shall	sign he	ere.					
I swear (or affirm No 320) as amend) that to the best o ed.	f my knowle	edge and b	elief this	politica	l com	mittee has r	not violat	ed any pr	ovisions of t	he act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me th day of	is	20							Signature	of Candida	ate		
										Print	ed Name			
My Commission Ex	Signatur	e				_				Em	ail			
						_								
	МО	D	AY	YR	1			Area (Code	I	Daytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DEM STATE SENATE CAMPAIGN COM From: To: 12/31/2006 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 240.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 390.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 390.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 10,250.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 10,250.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 60,884.40 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 71,764.40 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
			From:			То	То:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

Use this Part	\$5 to itemize all o \$50.01 to \$2	PART B R CONTRIE 50.01 TO \$250.00 other contribution 250.00 in the repo om political comm	s with an orting pe	n aggreg riod.			rom
Name of Filing Committee or Ca	andidate		Reporting	Period			
DEM STATE SENATE CAMPAIG	From:		То:		<u>12/31/2006</u>		
				DATE			AMOUNT
Full Name of Contributor GLADYS M. BROWN			мо	DAY	YEAR		
Mailing Address 2302 RUDY I	ROAD					\$	30.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17104	11	28	2006		
Full Name of Contributor MAURA K. FILAR			мо	DAY	YEAR		
Mailing Address 1170 BALKA	N DRIVE					\$	120.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 152392283	11	28	2006		
Full Name of Contributor MICHAEL S. PODGORSKI			мо	DAY	YEAR		
Mailing Address 324 BUTLER	AVENUE					\$	120.00
City AMBLER	State PA	Zip Code (Plus 4) 19002	11	28	2006		
Full Name of Contributor MICHELE A. BALCER			мо	DAY	YEAR		
Mailing Address 1416 MARENGO STREET					\$	120.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15210	12	2	2006		
			1				PAGE TOTAL
Enter Grand Total of Part	A on Schedule I, D	Detailed Summary Pag	e, Section	2.		\$	390.00

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			
DEM STATE SENATE CAMPAIGN COM			From:			То:	<u>12/31/2006</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee CITIZENS FOR A GROWING ECONOMY				мо	DAY	YEAR	
Mailing Address P.O. BOX 308							\$ 1,000.00
City HARRISBURG	State PA	Zip Code 17108	e (Plus 4)	11	28	2006	
Full Name of Contributing Committee JAY COSTA FOR STATE SENATE				мо	DAY	YEAR	
Mailing Address 314 NEWPORT ROAD	State PA	Zip Code 15221	e (Plus 4)	11	28	2006	\$ 6,500.00
Full Name of Contributing Committee KLETT ROONEY LIEBER & SCHORLING F	PAC			мо	DAY	YEAR	
Mailing Address ONE OXFORD CENTR	E, 40TH FLOOR State PA	Zip Code 152196	e (Plus 4) 498	11	28	2006	\$ 750.00
Full Name of Contributing Committee		<u> </u>		мо	DAY	YEAR	
Mailing Address 800 NORTH THIRD S	TREET State PA	Zip Code 17102	e (Plus 4)	11	28	2006	\$ 1,000.00
Full Name of Contributing Committee WINE AND SPIRITS BROKERS ASSOC C	of Pa Pac			мо	DAY	YEAR	
Mailing Address P.O. BOX 60993 City KING OF PRUSSIA	State PA	Zip Code 19406	e (Plus 4)	11	28	2006	\$ 1,000.00

\$

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:	То:

				D	ATE		АМО	UNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupa	tion		·	
Employer Mailing Address/Princip Business	pal Place of		City	·	State		Zip Code ((Plus 4)
Enter Grand Total of Part C or	n Schedule I, Detail	led Sumr	nary Page, Secti	on 3.			PAG	E TOTAL
							5	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			Report	ting Period				
DEM STATE SENATE CAMPAIGN COM			From:			То:		<u>12/31/2006</u>
			l	D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		
FULTON BANK				MO				
Mailing Address P.O. BOX 4887							\$	20.70
City LANCASTER	State	Zip Code (Plus 4)	12	31	2006		
	РА	17604						
Receipt Description INTEREST				1		1	1	
Full Name BENNETT, PETTS, & BLUMENTHAL				мо	DAY	YEAR		
Mailing Address	AVE., NW, STE. 208						\$	8,800.00
1010 WISCONSIN /	· · ·			12	7	2006		
City WASHINGTON	State	Zip Code (Plus 4)	12	· /	2000		
	DC	20007						
Receipt Description CONSULTING								
Full Name								
BOB KLINE				мо	DAY	YEAR		
Mailing Address 33 CORNFIELD DRI	VE						\$	284.04
City HALIFAX	State	Zip Code (Plus 4)	12	19	2006		
	РА	17032						
Receipt Description OPERATING EX	XPENSES	1		1	1	1	1	
Full Name								
BOB KLINE				мо	DAY	YEAR		
Mailing Address 33 CORNFIELD DRI	VE						\$	582.38
City HALIFAX	State	Zip Code (Plus 4)	11	28	2006		
	РА	17032						
Receipt Description TRAVEL AND N	1EALS					1	1	

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						PAGE 9
Full Name BRETT UNRUH			мо	DAY	YEAR	
Mailing Address 200 FOXGA	AYTE LANE					\$ 35.
City POTTSTOWN	State PA	Zip Code (Plus 4) 19465	12	5	2006	
Receipt Description SUPP	LIES REIMBURSEMENT	I	1	I	1	I
Full Name BRIAN EURY			мо	DAY	YEAR	
Mailing Address 930 ANDER	RSON AVE					\$ 28.
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	12	5	2006	
Receipt Description SUPPI	LIES REIMBURSEMENT	1	1	1	1	1
Full Name DAVID AIKEN			мо	DAY	YEAR	
Mailing Address 429 OLD G	ULPH ROAD					\$ 23.
City PENN VALLEY	State PA	Zip Code (Plus 4) 19702	12	5	2006	
Receipt Description SUPPI	LIES REIMBURSEMENT				1	
Full Name FULTON BANK			мо	DAY	YEAR	
Mailing Address P.O. BOX 4	1887					\$ 21.
City LANCASTER	State PA	Zip Code (Plus 4) 17604	12	12	2006	
Receipt Description OPER.	ATING EXPENSES		1	1	1	1
Full Name JEFF CAVANAUGH			мо	DAY	YEAR	
Mailing Address R.D.#1, BC	DX 449					\$ 14.
City OLYPHANT	State	Zip Code (Plus 4)	12	5	2006	
/ OLIFIANI	PA	18447				

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						PAGE	10
Full Name			мо	DAY	YEAR		
KYLE FITZSIMMONS			no				
Mailing Address 317 RENO AV	E.					\$	1,000.0
City NEW CUMBERLAND	State	Zip Code (Plus 4)	12	14	2006		
- NEW COMBERLAND	PA	17070					
Receipt Description OPERATI	I ING EXPENSES		1		1		
Full Name			мо	DAY	YEAR		
KYLE FITZSIMMONS			MO				
Mailing Address 317 RENO AV	E.					\$	372.
City NEW CUMBERLAND	State	Zip Code (Plus 4)	11	28	2006		
	PA	17070					
Receipt Description TELEPHC	DNE SERVICE		1	1	1	I	
Full Name				DAY	YEAR		
PETER CAPATAIDES			мо		YEAR		
Mailing Address 132 MT. VIEW	/ DRIVE					\$	700.
City ENOLA	State	Zip Code (Plus 4)	12	19	2006		
	PA	17025					
Receipt Description CONSUL	TING	I	1		1		
Full Name							
STEPHEN DEFRANK			мо	DAY	YEAR		
Mailing Address 4400 ONTARI	O DRIVE, APT. D					\$	1,001.
City HARRISBURG	State	Zip Code (Plus 4)	11	28	2006		
	PA	17111					
Receipt Description TELEPHC	ONE SERVICE		1			I	
Full Name			мо	DAY	YEAR		
THE PENNSYLVANIA DEMOCRATI	C PARTY		140				
Mailing Address 510 N. THIRD	ST.					\$	2,000.
	State	Zip Code (Plus 4)	12	7	2006		
HARRISBURG		1		1	1		
City HARRISBURG	PA	17101					

Full Name	мо	DAY	YEAR					
THE PENNSYLVANIA DEMOCRATIC PARTY								
Mailing Address 510 N. THIRD ST.						\$	46,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	11	28	2006			
	PA	17101						
Receipt Description CONTRIBUTIO	Receipt Description CONTRIBUTION							
Entor Grand Total of Dart E on Schoo	lula I. Datailad	Summary Dago Soction	4		ſ		PAGE TOTAL	
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						\$	60,884.40	

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		
DEM STATE SENATE CAMPAIGN COM	From:	То:	<u>12/31/2006</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 PART	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
F						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
				Fro	om: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of City Business			State		Zip Code(Plus 4)		Descri	Description of Contribution		

	1	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed		PAGE TOTAL
Summary Page, Section 3.		0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
				From			То:	
				DATE		AMOUNT		
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Crand Tatal of Europeditures on Page 1, Penert Course Page Item D							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		

SCHEDULE IV 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			Reporting Period						
DEM STATE SENATE CAMPAIGN COM			From:			То:	-	12/31/2006	
					DATE			Outstanding Balance of Debt	
Name of Creditor AFFLERBACH FOR SENATE COMMITTEE					DAY	YEAR			
Mailing Address 1222 LEHIGH STREET					23	2000	\$	2,000.00	
City ALLENTOWN	StateZip Code (Plus 4)PA18103			Description of Debt LOAN					
				DATE				Outstanding Balance of Debt	
Name of Creditor CONSTANCE H. WILLIAMS					DAY	YEAR			
Mailing Address 307 BRENTFORD ROAD				3	22	2005	\$	250,000.00	
City HAVERFORD	State Zip Code (Plus 4) PA 190411718			Description of Debt LOAN					
				Outstanding DATE Balance of D					
Name of Creditor RE-ELECT STEWART COMMITTEE				мо	DAY	YEAR			
Mailing Address R.D. 5, BOX 2				10	23	2000	\$	4,000.00	
City JOHNSTOWN	State PA	Zip Code (Pl 15905	us 4)	Description of Debt LOAN					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL			
			_ ,				\$	256,000.00	