

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. <input checked="" type="checkbox"/>	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 2008	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	STH	REP	23	
				11	4	2008	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2008	TO	5	12	2008		
A. Amount Brought Forward From Last Report				\$		23,402.85				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		6,400.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		29,802.85				
D. Total Expenditures (From Schedule III)				\$		12,702.31				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		17,100.54				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		1,839.50				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		10,000.00				

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: <u>1/1/2008</u> To: <u>5/12/2008</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)	\$ 0.00
All Other Contributions (Part B)	\$ 250.00
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)	\$ 6,150.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 6,150.00

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.)	\$ 6,400.00
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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
	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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

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: <u>1/1/2008</u> To: <u>5/12/2008</u>
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				DATE	AMOUNT	
Full Name of Contributor CHARLES J. CATANIA SR.			MO	DAY	YEAR	\$ 250.00
Mailing Address 549 KELLY AVENUE			5	8	2008	
City WOODLYN	State PA	Zip Code (Plus 4) 19094				

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

PAGE TOTAL
\$ 250.00

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 KILLION, THOMAS VICTORY COM	Reporting Period From: <u>1/1/2008</u> To: <u>5/12/2008</u>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR		
PENNSYLVANIA REALTORS PAC Mailing Address 4501 CHAMBERS HILL ROAD City HARRISBURG State PA Zip Code (Plus 4) 17111	4	11	2008	\$	1,000.00
PA OPHTHALMOLOGY PAC Mailing Address 200 N. THIRD ST., SUITE 1500 City HARRISBURG State PA Zip Code (Plus 4) 17101	4	11	2008	\$	500.00
PA MEDICAL POLITICAL ACTION COMMITTEE Mailing Address P.O. BOX 8820 City HARRISBURG State PA Zip Code (Plus 4) 17105-882	4	11	2008	\$	600.00
PECOPAC Mailing Address 2301 MARKET STREET, S15-1 City PHILADELPHIA State PA Zip Code (Plus 4) 19103	4	11	2008	\$	500.00
NATIONWIDE PENNSYLVANIA PAC Mailing Address ONE NATIONWIDE PLAZA City COLUMBUS State OH Zip Code (Plus 4) 43215-222	4	11	2008	\$	300.00

Full Name of Contributing Committee HIGHMARK HEALTH PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 1800 CENTER ST.			4	11	2008	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089-008				
Full Name of Contributing Committee BLUE CROSS VOICE (PAC)			MO	DAY	YEAR	\$ 300.00
Mailing Address 19 NORTH MAIN			4	11	2008	
City WILES-BARRE	State PA	Zip Code (Plus 4) 18711				
Full Name of Contributing Committee PUGLIESE-PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 500 N. 3RD ST., 9TH FLOOR			4	11	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee CHAMBER PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 417 WALNUT STREET			4	11	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-190				
Full Name of Contributing Committee AQUA AMERICA INC. PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address 762 W. LANCASTER AVENUE			4	11	2008	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				
Full Name of Contributing Committee AQUA AMERICA INC. PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 762 W. LANCASTER AVENUE			4	11	2008	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010				

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
Z PAC PENNSYLVANIA ANESTHESIOLOGISTS' PAC			4	24	2008		1,000.00
Mailing Address P.O. BOX 823							
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
PA TRUCK PAC			4	29	2008		500.00
Mailing Address 910 LINDA LANE							
City CAMP HILL	State PA	Zip Code (Plus 4) 17011					

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

PAGE TOTAL
\$ 6,150.00

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:	

Full Name	DATE			AMOUNT
	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 KILLION, THOMAS VICTORY COM	Reporting Period From: <u>1/1/2008</u> To: <u>5/12/2008</u>
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)	\$ 1,839.50
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.)	\$ 1,839.50

**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 KILLION, THOMAS VICTORY COM	Reporting Period From: <u>1/1/2008</u> To: <u>5/12/2008</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
PETER R. BARSZ CPA					
Mailing Address 1023 BENT ROAD	5	12	2008	\$	1,839.50
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 50 S. PROVIDENCE ROAD	City MEDIA	State PA	Zip Code(Plus 4) 19063	Description of Contribution ACCOUNTING SERVICES	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 1,839.50

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KILLION, THOMAS VICTORY COM	From <u>1/1/2008</u> To: <u>5/12/2008</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
RAPP FOR REPRESENTATIVE COMMITTEE	4	8	2008	\$ 250.00
Mailing Address 660 FOLLET RUN ROAD				
City WARREN				
State PA				
Zip Code (Plus 4) 16365				
Description of Expenditure CONTRIBUTION				
To Whom Paid	MO	DAY	YEAR	
DELAWARE COUNTY REPUBLICAN COMMITTEE				
Mailing Address 323 W. FRONT STREET	4	9	2008	\$ 400.00
City MEDIA				
State PA				
Zip Code (Plus 4) 19063				
Description of Expenditure CONTRIBUTION				
To Whom Paid	MO	DAY	YEAR	
WAYNESBOROUGH COUNTRY CLUB				
Mailing Address 440 DARBY-PAOLI ROAD	4	9	2008	\$ 5,000.00
City PAOLI				
State PA				
Zip Code (Plus 4) 19301				
Description of Expenditure EVENT DEPOSIT				
To Whom Paid	MO	DAY	YEAR	
COMMERCE BANK N.A.				
Mailing Address P.O. BOX 2580	4	12	2008	\$ 2,226.79
City CHERRY HILL				
State NJ				
Zip Code (Plus 4) 08034-037				
Description of Expenditure FUNDRAISING EXPENSE				
To Whom Paid	MO	DAY	YEAR	
COMMERCE BANK N.A.				
Mailing Address P.O. BOX 2580	4	12	2008	\$ 43.72
City CHERRY HILL				
State NJ				
Zip Code (Plus 4) 08034-037				
Description of Expenditure FUNDRAISING EXPENSE				

To Whom Paid COMMERCE BANK N.A.			MO	DAY	YEAR	
Mailing Address P.O. BOX 2580			4	12	2008	\$ 331.74
City CHERRY HILL	State NJ	Zip Code (Plus 4) 08034-037	Description of Expenditure FUNDRAISING EXPENSE			
To Whom Paid AT&T			MO	DAY	YEAR	
Mailing Address RETAIL PROCESSING CENTER			4	14	2008	\$ 36.97
City PITTSBURGH	State PA	Zip Code (Plus 4) 15287	Description of Expenditure TELEPHONE			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address P.O. BOX 28000			4	21	2008	\$ 64.78
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002-800	Description of Expenditure TELEPHONE			
To Whom Paid KARI J. MCNICHOL			MO	DAY	YEAR	
Mailing Address 645 OLD SCHOOL HOUSE DRIVE			4	21	2008	\$ 406.10
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure PAYROLL- NET			
To Whom Paid LINDA FILIPONE			MO	DAY	YEAR	
Mailing Address 4614 WEST CHESTER PIKE			4	21	2008	\$ 8.40
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073	Description of Expenditure FUNDRAISING EXPENSE			
To Whom Paid EDGMONT COUNTRY CLUB			MO	DAY	YEAR	
Mailing Address POB 207, 6180 W CHESTER PIKE			4	21	2008	\$ 209.25
City EDGEMONT	State PA	Zip Code (Plus 4) 19028-020	Description of Expenditure MEETING EXPENSE			

To Whom Paid MEDIA REPUBLICAN PARTY			MO	DAY	YEAR	
Mailing Address 109 HALDEMAN STREET			4	21	2008	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION			
To Whom Paid IMPACT STRATEGIES LLC			MO	DAY	YEAR	
Mailing Address 431 DOE RUN LANE			4	21	2008	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure CONSULTING			
To Whom Paid MIDDLETOWN TOWNSHIP REPUBLICAN COUNCIL			MO	DAY	YEAR	
Mailing Address 115 NORTH JACKSON STREET			4	21	2008	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION			
To Whom Paid WINNER'S CIRCLE SPORTS GRILLE			MO	DAY	YEAR	
Mailing Address 4803 WEST CHESTER PIKE			4	21	2008	
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073	Description of Expenditure ADVERTISING			
To Whom Paid KEYSTONE STRATEGIES INC.			MO	DAY	YEAR	
Mailing Address 19 1/2 NORTH 4TH STREET			4	21	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING			
To Whom Paid CARDINAL O'HARA HIGH SCHOOL			MO	DAY	YEAR	
Mailing Address 1701 S. SPROUL ROAD			4	21	2008	
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19064	Description of Expenditure ADVERTISING			

To Whom Paid PENN STATE DELAWARE COUNTY CAMPUS			MO	DAY	YEAR	
Mailing Address 25 YEARSLEY MILL ROAD			4	21	2008	
City MEDIA	State PA	Zip Code (Plus 4) 19063-559	Description of Expenditure CONTRIBUTION			
To Whom Paid AMERICAN EXPRESS			MO	DAY	YEAR	
Mailing Address P.O. BOX 1270			4	21	2008	
City NEWARK	State NJ	Zip Code (Plus 4) 07101-127	Description of Expenditure OFFICE SUPPLIES			
To Whom Paid KEYSTONE STRATEGIES INC.			MO	DAY	YEAR	
Mailing Address 19 1/2 NORTH 4TH STREET			4	21	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONSULTING			
To Whom Paid UNITED STATES TREASURY			MO	DAY	YEAR	
Mailing Address P.O. BOX 105703			4	29	2008	
City ATLANTA	State GA	Zip Code (Plus 4) 30348-570	Description of Expenditure PAYROLL TAXES			
To Whom Paid PAUC FUND			MO	DAY	YEAR	
Mailing Address P.O. BOX 68568			4	30	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17106-856	Description of Expenditure PAYROLL TAXES			
To Whom Paid PA DEPARTMENT OF REVENUE			MO	DAY	YEAR	
Mailing Address DEPT. 280415			4	30	2008	
City HARRISBURG	State PA	Zip Code (Plus 4) 17128-041	Description of Expenditure PAYROLL TAXES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 12,702.31

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 KILLION, THOMAS VICTORY COM		Reporting Period From: <u>1/1/2008</u> To: <u>5/12/2008</u>		
				Outstanding Balance of Debt
				DATE
Name of Creditor THOMAS KILLION		MO	DAY	YEAR
Mailing Address 3 LAURA LYNN LANE		3	28	2007
				\$ 10,000.00
City GLEN MILLS	State PA	Zip Code (Plus 4) 19342		Description of Debt LOAN
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 10,000.00