

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2004127		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> QUIGLEY, TOM COM TO ELECT												
<b>Street Address:</b> 560 PINE ST												
<b>City:</b> ROYERSFORD						<b>State:</b> PA			<b>Zip Code:</b> 19468-2017			
<b>TYPE OF REPORT</b>  (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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2009		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	STH	REP	46	
						11	3	2009	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		1	1	2009		12	31	2009				
<b>A. Amount Brought Forward From Last Report</b>						\$		4,647.81				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		5,725.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		10,372.81				
<b>D. Total Expenditures (From Schedule III)</b>						\$		605.50				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		9,767.31				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		10,250.00				

## 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 of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
QUIGLEY, TOM COM TO ELECT	From: <u>1/1/2009</u> To: <u>12/31/2009</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 125.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 125.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 5,300.00
<b>All Other Contributions (Part D)</b>	\$ 300.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,600.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 5,725.00
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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.**

<b>Name of Filing Committee or Candidate</b>  QUIGLEY, TOM COM TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>12/31/2009</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>DATE</b></td> <td style="width: 40%;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> HIGHMARK HEALTH PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 125.00
<b>Mailing Address</b> 1800 CENTER STREET			6	8	2009	
<b>City</b> CAMP HILL	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  17089-008				

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

<b>PAGE TOTAL</b>
\$ 125.00



# 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.**

<b>Name of Filing Committee or Candidate</b>  QUIGLEY, TOM COM TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>12/31/2009</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee BIKE PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address P.O BOX 564				6	8	2009	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee FIRST ENERGY PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 76 S. MAIN STREET				6	8	2009	
City AKRON	State OH	Zip Code (Plus 4) 44308-189					
Full Name of Contributing Committee CHAMBER PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 417 WALNUT STREET				6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-722					
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT.				MO	DAY	YEAR	\$ 250.00
Mailing Address TWO NORTH NINTH STREET				6	8	2009	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101					
Full Name of Contributing Committee BRAVO PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 20 W. MARKET STREET				6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee PA INSURANCE PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1600 MARKET STREET STE. 1520			6	8	2009	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee CPA PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N. 3RD STREET STE. 600A			6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee PA PSYCHOLOGICAL PA			MO	DAY	YEAR	\$ 250.00
Mailing Address 416 FORSTER STREET			6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102-171				

Full Name of Contributing Committee PA MEDICAL PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O BOX 8820			6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105-882				

Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 2301 MARKET STREET S15-1			6	8	2009	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 2301 MARKET STREET S15-1			12	30	2009	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee CUPAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 4309 NORTH FRONT ST. P.O BOX 60007			6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17106-000				

Full Name of Contributing Committee PSEA PACE			MO	DAY	YEAR	\$ 250.00
Mailing Address 400 NORTH THIRD ST. P.O BOX 1724			6	8	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105-172				

Full Name of Contributing Committee PFT COMM. TO SUPPORT PUBLIC EDUCATION			MO	DAY	YEAR	\$ 300.00
Mailing Address 1816 CHESTNUT STREET			6	22	2009	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee UGI CORP/PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O BOX 13009			6	22	2009	
City READING	State PA	Zip Code (Plus 4) 19612				

Full Name of Contributing Committee CITIZENS FOR A BETTER COMMONWEALTH			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O BOX 12090			6	22	2009	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				

Full Name of Contributing Committee H-TECH PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address THE BELLEVUE STE. 850 200 S. BROAD ST.			7	13	2009	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
EXELON PAC						
Mailing Address			7	16	2009	
P.O BOX 805379						
City	CHICAGO	State				
		IL				
		Zip Code (Plus 4)				
		60680-537				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
EXELON PAC							
Mailing Address				12	30	2009	
P.O BOX 805379							
City	CHICAGO	State	Zip Code (Plus 4)				
		IL	60680-537				

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

<b>PAGE TOTAL</b>
\$ 5,300.00



**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.)**

<b>Name of Filing Committee or Candidate</b>  QUIGLEY, TOM COM TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2009</u> <b>To:</b> <u>12/31/2009</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
SANDERS M. ORR							
<b>Mailing Address</b> 1050 IVY LANE				8	7	2009	\$ 300.00
<b>City</b> POTTSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19464					
<b>Employer Name</b> RETIRED				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 300.00

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	\$ 0.00
Mailing Address							
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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
QUIGLEY, TOM COM TO ELECT		From: <u>1/1/2009</u> To: <u>12/31/2009</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
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.)			\$ 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	\$ 0.00
Mailing Address						
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

<b>Name of Filing Committee or Candidate</b>  QUIGLEY, TOM COM TO ELECT	<b>Reporting Period</b>  From <u>1/1/2009</u> To: <u>12/31/2009</u>
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				DATE		AMOUNT	
To Whom Paid HRCC				MO	DAY	YEAR	
Mailing Address     500 NORTH THIRD ST.				7	12	2009	
City     HARRISBURG		State  PA	Zip Code (Plus 4)  17104	Description of Expenditure REIMBURSEMENT FOR MAILING AND ROOM RENTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL  \$                      605.50

# 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 QUIGLEY, TOM COM TO ELECT				Reporting Period From: <u>1/1/2009</u> To: <u>12/31/2009</u>			
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				DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				MO	DAY	YEAR	\$ 50.00
Mailing Address 560 PINE STREET				3	17	2005	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468		Description of Debt LOAN			

  

				DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 560 PINE STREET				3	19	2004	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468		Description of Debt LOAN			

  

				DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				MO	DAY	YEAR	\$ 4,000.00
Mailing Address 560 PINE STREET				4	23	2004	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468		Description of Debt LOAN			

  

				DATE			Outstanding Balance of Debt
Name of Creditor THOMAS J. QUIGLEY				MO	DAY	YEAR	\$ 4,200.00
Mailing Address 560 PINE STREET				5	20	2004	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468		Description of Debt LOAN			

  

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 10,250.00
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