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 7900)271				port ed B		CANDI	CANDIDATE COMMITTEE \(\square \) LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:	•	Den	nocr	atic S	tate Sen	ate Ca	mpai	gn Com	mittee					
Street Address:	PO BOX 3792	2															
City:	HARRISBURG	ì						State:	PA			Zip Cod	de: 17	7105			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.	. AMENDMENT Yes REPORT?					Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	٧	
report type)	ANNUAL REPORT	7. X	Year 2010					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,
								МО	DAY	YE	AR		10000	DEN	1		
								11		2	2010		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	20	010	Т	0	12		31	2010						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		37,5	599.33						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			5	500.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			38,0	99.33						
D. Total Expen	ditures (From Sch	edule II	I)				\$			24,4	72.26						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			13,6	27.07]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$:	256,0	00.00			1			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f th	is is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	١.
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ire					-					Prin	ted Name	=			•
My Commission Ex	cpires						_					Ema	il				ı
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	ate			
							-					Printe	d Name				
My Commission Exp	Signature						-					Ema	il				
, commission exp																	
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
Democratic State Senate Campaign Committee	From:	1/1/201	<u>0</u> To:	12/31/2010
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)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From:			То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Filling Committee of Candidate				Reporting Period From: To:					
			l		DATE			AMOUNT	
Full Name of Contributor				МО	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 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 Per	iod		
Democratic State Senate Campaign Committee	From:	1/1/2010	То:	12/31/2010

DATE AMOUNT

Full Name of Contributing Committee Independence Blue Cross PAC	МО	DAY	YEAR			
Mailing Address 1901 Market Street						\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	11	23	2010	

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

PAGE TOTAL \$ 500.00

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			Rep	orting Pe	riod				
			Fror	rom: To:					
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
ailing ddress							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 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,	Section	••			\$		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							
Democratic State Senate Campaign Committee	From:	<u>1/1/2010</u> To:	<u>12/31/2010</u>					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candid	Il Name of Contributor siling Address sy State Zip Code (Plus 4)			Reporting 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	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	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Comr	mittee or Candidate			Reporti	ng Period				
Democratic State Se	enate Campaign Co	mmittee		From	<u>1/:</u>	1/2010	То:	12/31/2010	
			•		DATE			AMOUNT	
To Whom Paid Michael Grayburn				мо	DAY	YEAR			
Mailing Address 2	207 Appleglen Court			12	15	2010	\$	200.00	
City McDonald		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	15057	Intern					
To Whom Paid Michael Grayburn					DAY	YEAR			
Mailing Address 2	ailing Address 207 Appleglen Court					2010	\$	200.00	
City McDonald	State Zip Code (Plus 4) PA 15057				otion of Exp 10 Intern				
To Whom Paid Steven Hoenstine				мо	DAY	YEAR			
Mailing Address 4	151 West Beaver St			12	15	2010	\$	200.00	
City Hallam		State PA	Zip Code (Plus 4) 17406	Descrip Intern	otion of Exp Stipend	penditure			
To Whom Paid Steven Hoenstine				мо	DAY	YEAR			
Mailing Address 4	151 West Beaver St			12	15	2010	\$	180.32	
City Hallam State Zip Code (Plus 4) PA 17406					otion of Exp ursemnt	penditure			
To Whom Paid Steven Hoenstine				МО	DAY	YEAR			
Mailing Address 4	151 West Beaver St			12	15	2010	\$	200.00	

Zip Code (Plus 4)

17406

Description of Expenditure

Intern Stipend

State

PΑ

City

Hallam

To Whom Paid								
Croslis & Brennan Law Offices	мо	DAY	YEAR					
Mailing Address 2030 Tilghman St Suite 100	12	20	2010	\$		3,500.00		
		tion of Exp						
To Whom Paid NGP Software	мо	DAY	YEAR					
Mailing Address 1225 Eye Street, NW Suite 1225	12	27	2010	\$		1,420.00		
	Description of Expenditure Office Exspense							
To Whom Paid PayChex	мо	DAY	YEAR					
Mailing Address 500 Nationwide Dr Ste 200	11	26	2010	\$		18.66		
	1		Description of Expenditure Payroll Tax Expense					
namsburg	Payroll 7							
To Whom Paid PA 17110 Pay MC	Payroll 7	Tax Expen	ise	\$		992.70		
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State Zip Code (Plus 4) De	MO 11	DAY	YEAR 2010	\$		992.70		
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State Zip Code (Plus 4) De	MO 11 Descript	DAY 26 tion of Exp	YEAR 2010	\$		992.70		
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State PA 17110 To Whom Paid PA 17110 MC MC To Whom Paid	MO 11 Descript	DAY 26 tion of Exp	YEAR 2010 Denditure	\$		992.70		
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State PA 2ip Code (Plus 4) PA 17110 To Whom Paid Hon. Daylin Leach Mailing Address 421 Alderbrook Dr City Wayne State Zip Code (Plus 4) De Pay PA 2ip Code (Plus 4) PA 2ip Code (Plus 4) De Pay PA 2ip	MO 11 Description MO 12 Description	DAY 26 tion of Exp Tax Expen DAY	YEAR 2010 Denditure use YEAR 2010	\$				
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State PA 17110 To Whom Paid Hon. Daylin Leach Mailing Address 421 Alderbrook Dr City Wayne State Zip Code (Plus 4) City Wayne December 200 Zip Code (Plus 4) Address 200 MC Zip Code (Plus 4) December 200 Address 200 December 200 Zip Code (Plus 4) December 200 December 200 Address 200 December 200 Address 200 December 200 Address 200 December 200 D	MO 11 Description MO 12 Description 12	DAY 26 tion of Exp DAY 3	YEAR 2010 Denditure use YEAR 2010	\$				
To Whom Paid PayChex Mailing Address 500 Nationwide Dr Ste 200 City Harrisburg State PA 17110 To Whom Paid Hon. Daylin Leach Mailing Address 421 Alderbrook Dr City Wayne State PA 19087 To Whom Paid	MO 11 Description MO 12 Description 12	DAY 26 tion of Exp Tax Expen DAY 3 tion of Exp rsemnet	YEAR 2010 Denditure use YEAR 2010 Denditure	\$				

								PAGE	
To Whom Paid Kristen Stoner					DAY	YEAR			
Mailing Address 821 S Saint Bernard St					2	2010	\$		27.03
Philadelphia State PA 2ip Code (Plus 4) 19143					otion of Exp rsemnet	enditure			
To Whom Paid Kristen Stoner				МО	DAY	YEAR			
Mailing Address 821 S	Saint Bernard St			12	2	2010	\$		175.00
City Philadelphia	State PA		Zip Code (Plus 4) 19143	Description of Expenditure Dec. Healthcare Reimbursemnt					
To Whom Paid Kristen Stoner				МО	DAY	YEAR			
Mailing Address 821 S	Saint Bernard St			11	24	2010	\$		1,610.25
City Philadelphia	State PA		Zip Code (Plus 4) 19143	Description of Expenditure Payroll					
T- W/ B-11									
To Whom Paid Comcast				МО	DAY	YEAR			
Comcast	ox 3005			MO 12	DAY 15	YEAR 2010	\$		246.17
Comcast	ox 3005 State		Zip Code (Plus 4) 19398	12 Descrip		2010	\$		246.17
Comcast Mailing Address PO Bo	State			12 Descrip	15	2010	\$		246.17
Comcast Mailing Address PO Bo City Southeastern To Whom Paid Jessica L. Cosme	State			12 Descrip Office E	15 etion of Exp exspense	2010 penditure	\$		246.17 873.73
Comcast Mailing Address PO Bo City Southeastern To Whom Paid Jessica L. Cosme	State PA			Descrip Office E	15 tion of Expense DAY	2010 penditure YEAR 2010	\$		
Comcast Mailing Address PO Bo City Southeastern To Whom Paid Jessica L. Cosme Mailing Address 310 Z	State PA Zeigler Ave		19398 Zip Code (Plus 4)	Descrip Office E MO 12 Descrip	15 Exspense DAY	2010 penditure YEAR 2010	\$		
Comcast Mailing Address PO Bo City Southeastern To Whom Paid Jessica L. Cosme Mailing Address 310 Z City Butler To Whom Paid Jessica L. Cosme	State PA Zeigler Ave		19398 Zip Code (Plus 4)	Descrip Payroll	tion of Exp DAY 24 Ption of Exp	2010 Penditure YEAR 2010 Penditure	\$		

To Whom Paid								PAGE			
To Whom Paid Jessica L. Cosme					DAY	YEAR					
Mailing Address 310 Zeigler Ave					15	2010	\$		109.44		
City Butler	PA Zip Code (Plus 4) 16001				otion of Exp ersement	penditure					
To Whom Paid Jessica L. Cosme					DAY	YEAR					
Mailing Address	310 Zeigler Ave			12	10	2010	\$		873.73		
City Butler	City Butler State Zip Code (Plus 4) PA 16001					Description of Expenditure Payroll					
To Whom Paid Jessica L. Cosme				МО	DAY	YEAR					
Mailing Address	Mailing Address 310 Zeigler Ave					2010	\$		160.35		
City Butler		State PA	Zip Code (Plus 4) 16001	Description of Expenditure Reimbursement							
To Whom Paid Jessica L. Cosme				МО	DAY	YEAR					
Mailing Address 310 Zeigler Ave											
	310 Zeigler Ave			12	2	2010	\$		175.00		
City Butler	310 Zeigler Ave	State PA	Zip Code (Plus 4) 16001	Descrip	2 Ption of Exp 10 Healtho	enditure			175.00		
City Butler To Whom Paid Jessica L. Cosme			1	Descrip	tion of Exp	enditure			175.00		
To Whom Paid			1	Descrip	otion of Exp 10 Healtho	penditure care Stipe			959.12		
To Whom Paid Jessica L. Cosme			1	Descrip Dec 20	10 Healtho	year 2010	nd \$				
To Whom Paid Jessica L. Cosme Mailing Address	310 Zeigler Ave	PA State	16001 Zip Code (Plus 4)	Descrip Dec 20 MO 11 Descrip	DAY	year 2010	nd \$				
To Whom Paid Jessica L. Cosme Mailing Address City Butler To Whom Paid	310 Zeigler Ave	PA State PA	16001 Zip Code (Plus 4)	Descrip Dec 20 MO 11 Descrip Payroll	DAY 26	year 2010	nd \$				

							PAGE 15		
To Whom Paid Capitol Copy Service	МО	DAY	YEAR						
Mailing Address PO Box 953	12	2	2010	\$	141.46				
City Harrisburg	Description of Expenditure Office Exspense								
To Whom Paid Dawn M Bowman	МО	DAY	YEAR						
Mailing Address 299 Level Ro	d		12	20	2010	\$	120.00		
City Hummelstown	State PA	Zip Code (Plus 4) 17036	Descrip labor	ition of Exp	penditure				
To Whom Paid Clark Resources			мо	DAY	YEAR				
Mailing Address 321 N Front	St		11	23	2010	\$	1,400.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure December 2010 rent						
To Whom Paid Dawn M Bowman	<u> </u>		МО	DAY	YEAR				
Mailing Address 299 Level Ro	d		12	2	2010	\$	105.00		
				Description of Expenditure reimbursement					
To Whom Paid Aren Platt			МО	DAY	YEAR				
Mailing Address 1500 Market	t St East Tower, Suite	1222	12	3	2010	\$	5,323.00		
City Philadelphia State Zip Code (Plus 4) PA 19102				ntion of Exp r Retainer	penditure				
Enter Grand Total of Expend	itures on Page 1 Re	nort Cover Page Item D	_				PAGE TOTAL		
The stand rotal of Expend	.ta. co on i age 1, Re	post cores sage, item b	•			\$	24,472.26		

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				ng Period						
Democratic State Senate Campaign Committee From:					1/1/2010	То:		12/31/2010		
					DATE			Outstanding Balance of Debt		
Name of Creditor Connie Williams					DAY	YEAR				
Mailing Address PO Box 21					22	2005	<u> </u>	\$ 250,000.00		
City Haverford	State Zip Code (Plus 4) PA 19041				otion of Del	ot				
					DATE			Outstanding Balance of Debt		
Name of Creditor Re-Elect Stewart Committee				мо	DAY	YEAR				
Mailing Address PO Box 2 R.D. 5				10	23	2000	,	\$ 4,000.00		
City Johnstown	City Johnstown State Zip Code (Plus 4) PA 15907					Description of Debt Loan				
					DATE			Outstanding Balance of Debt		
Name of Creditor Afflerbach for Senate Committee				МО	DAY	YEAR				
Mailing Address 1222 Lehigh St				10	23	2000	,	\$ 2,000.00		
City Allentown State Zip Code (Plus 4) PA 18103					otion of Del	ot	1			
	•	•		•				PAGE TOTAL		
Enter Grand Total of Unpaid Deb	ts on Page 1, Rep	ort Cover Pa	ge, Item	G.			\$	256,000.00		