

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 :		7900271		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Democratic State Senate Campaign Committee												
Street Address: PO BOX 3792												
City: HARRISBURG						State: PA			Zip Code: 17105			
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.	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 2010	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
						MO	DAY	YEAR	DEM			
						11	2	2010	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				1	1	2010						
A. Amount Brought Forward From Last Report												
B. Total Monetary Contributions And Receipts (From Schedule I)												
C. Total Funds Available (Sum Of Lines A and B)												
D. Total Expenditures (From Schedule III)												
E. Ending Cash Balance (Subtract Line D From Line C)												
F. Value Of In-Kind Contributions Received (From Schedule II)												
G. Unpaid Debts And Obligations (From Schedule IV)												

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

Printed Name

Signature

Email

My Commission Expires

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

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>

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 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.)	\$ 500.00
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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
Democratic State Senate Campaign Committee	From: <u>1/1/2010</u> To: <u>12/31/2010</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
Independence Blue Cross PAC								
Mailing Address								
1901 Market Street				11	23	2010		
City	Philadelphia	State	PA					

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

PAGE TOTAL
\$ 500.00

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:

			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

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>	
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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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:
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			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

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>

DATE				AMOUNT		
To Whom Paid Michael Grayburn			MO	DAY	YEAR	\$ 200.00
Mailing Address 207 Appleglen Court			12	15	2010	
City McDonald	State PA	Zip Code (Plus 4) 15057	Description of Expenditure Intern Stipend			
To Whom Paid Michael Grayburn			MO	DAY	YEAR	\$ 200.00
Mailing Address 207 Appleglen Court			11	23	2010	
City McDonald	State PA	Zip Code (Plus 4) 15057	Description of Expenditure Nov 2010 Intern Stipend			
To Whom Paid Steven Hoenstine			MO	DAY	YEAR	\$ 200.00
Mailing Address 451 West Beaver St			12	15	2010	
City Hallam	State PA	Zip Code (Plus 4) 17406	Description of Expenditure Intern Stipend			
To Whom Paid Steven Hoenstine			MO	DAY	YEAR	\$ 180.32
Mailing Address 451 West Beaver St			12	15	2010	
City Hallam	State PA	Zip Code (Plus 4) 17406	Description of Expenditure Reimbursemnt			
To Whom Paid Steven Hoenstine			MO	DAY	YEAR	\$ 200.00
Mailing Address 451 West Beaver St			12	15	2010	
City Hallam	State PA	Zip Code (Plus 4) 17406	Description of Expenditure Intern Stipend			

To Whom Paid Croslis & Brennan Law Offices			MO	DAY	YEAR	\$ 3,500.00
Mailing Address 2030 Tilghman St Suite 100			12	20	2010	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure consulting services			
To Whom Paid NGP Software			MO	DAY	YEAR	\$ 1,420.00
Mailing Address 1225 Eye Street, NW Suite 1225			12	27	2010	
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Office Expense			
To Whom Paid PayChex			MO	DAY	YEAR	\$ 18.66
Mailing Address 500 Nationwide Dr Ste 200			11	26	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Payroll Tax Expense			
To Whom Paid PayChex			MO	DAY	YEAR	\$ 992.70
Mailing Address 500 Nationwide Dr Ste 200			11	26	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Payroll Tax Expense			
To Whom Paid Hon. Daylin Leach			MO	DAY	YEAR	\$ 103.60
Mailing Address 421 Alderbrook Dr			12	3	2010	
City Wayne	State PA	Zip Code (Plus 4) 19087	Description of Expenditure reimbursemet			
To Whom Paid Kristen Stoner			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 821 S Saint Bernard St			12	31	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Campaign Bonus			

To Whom Paid Kristen Stoner			MO	DAY	YEAR	\$ 27.03
Mailing Address 821 S Saint Bernard St			12	2	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure reimbursemnet			

To Whom Paid Kristen Stoner			MO	DAY	YEAR	\$ 175.00
Mailing Address 821 S Saint Bernard St			12	2	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Dec. Healthcare Reimbursemnt			

To Whom Paid Kristen Stoner			MO	DAY	YEAR	\$ 1,610.25
Mailing Address 821 S Saint Bernard St			11	24	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Payroll			

To Whom Paid Comcast			MO	DAY	YEAR	\$ 246.17
Mailing Address PO Box 3005			12	15	2010	
City Southeastern	State PA	Zip Code (Plus 4) 19398	Description of Expenditure Office Expense			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 873.73
Mailing Address 310 Zeigler Ave			12	24	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Payroll			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 135.88
Mailing Address 310 Zeigler Ave			12	20	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Reimbursemnet			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 109.44
Mailing Address 310 Zeigler Ave			12	15	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Reimbursement			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 873.73
Mailing Address 310 Zeigler Ave			12	10	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Payroll			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 160.35
Mailing Address 310 Zeigler Ave			12	3	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Reimbursement			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 175.00
Mailing Address 310 Zeigler Ave			12	2	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Dec 2010 Healthcare Stipend			

To Whom Paid Jessica L. Cosme			MO	DAY	YEAR	\$ 959.12
Mailing Address 310 Zeigler Ave			11	26	2010	
City Butler	State PA	Zip Code (Plus 4) 16001	Description of Expenditure Payroll			

To Whom Paid Capitol Copy Service			MO	DAY	YEAR	\$ 21.82
Mailing Address PO Box 953 300 N Second St, First Fl			12	15	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Office Exspense			

To Whom Paid Capitol Copy Service			MO	DAY	YEAR	
Mailing Address PO Box 953 300 N Second St, First Fl			12	2	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Office Expense			

To Whom Paid Dawn M Bowman			MO	DAY	YEAR	
Mailing Address 299 Level Rd			12	20	2010	
City Hummelstown	State PA	Zip Code (Plus 4) 17036	Description of Expenditure labor			

To Whom Paid Clark Resources			MO	DAY	YEAR	
Mailing Address 321 N Front St			11	23	2010	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure December 2010 rent			

To Whom Paid Dawn M Bowman			MO	DAY	YEAR	
Mailing Address 299 Level Rd			12	2	2010	
City Hummelstown	State PA	Zip Code (Plus 4) 17036	Description of Expenditure reimbursement			

To Whom Paid Aren Platt			MO	DAY	YEAR	
Mailing Address 1500 Market St East Tower, Suite 1222			12	3	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure October Retainer			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 24,472.26

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			
Democratic State Senate Campaign Committee				From: <u>1/1/2010</u> To: <u>12/31/2010</u>			

DATE				Outstanding Balance of Debt		
Name of Creditor Connie Williams			MO	DAY	YEAR	\$ 250,000.00
Mailing Address PO Box 21			3	22	2005	
City Haverford	State PA	Zip Code (Plus 4) 19041	Description of Debt Loan			
DATE				Outstanding Balance of Debt		
Name of Creditor Re-Elect Stewart Committee			MO	DAY	YEAR	\$ 4,000.00
Mailing Address PO Box 2 R.D. 5			10	23	2000	
City Johnstown	State PA	Zip Code (Plus 4) 15907	Description of Debt Loan			
DATE				Outstanding Balance of Debt		
Name of Creditor Afflerbach for Senate Committee			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 1222 Lehigh St			10	23	2000	
City Allentown	State PA	Zip Code (Plus 4) 18103	Description of Debt Loan			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 256,000.00