### **Campaign Finance Report**

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

Filer Identification 2003196 Number :					Rep File			CAND	IDATE		СОМ	<b>4ITTEE</b>	✓	LOBE	YIST	
Name of Filing C	Committee, Can	didate or L	obbyist:		Killic	on V	ictory/	/ Comm	ittee	•			_			
Street Address:	50 SOUTH	PROVIDEN	ICE ROAD													
City:	MEDIA							State:	PA			<b>Zip Code:</b> 19063				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-				IENT	Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION					Y TION	POST-	POST- 6.			TERMINATION Yes REPORT?			<b>~</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2011	ear 2011 FILING N								PAPER / DISKETTE			ГТЕ	
Name of Office S	ought by Candi	date:	•					DATE	OF ELE	CTIC	N	District Number	Office Code	Part	ty Code	County Code
	- ,							МО	DAY	YI	EAR	rumber	STH	REP		23
REPRESENTATI	VE IN THE GEN	IERAL ASS	SEMBLY					1	1	8	2011		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures		МО	DAY YI	EAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures			1 1	20	011	Т	0	(	6	6	2011					
A. Amount Bro	ught Forward F	rom Last R	eport				\$			12,	531.61					
B. Total Monet	ary Contribution	ns And Rec	eipts (From S	che	dule	I)	\$			1,2	200.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			13,731.61						
D. Total Expend	ditures (From S	chedule II	I)				\$			1,4	146.68					
E. Ending Cash	Balance (Subti	act Line D	From Line C)				\$			12,2	284.93	]				
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sch	edul	e II)	)	\$			1,0	65.50					
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV)				\$				0.00			•		
			Δ	\FF	IDA	١٧٢	T SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and comple		including the	e attached sched	lules	filed	d on	paper (	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me day of	this	20							5	Signature	of Perso	n Submit	ting Rep	ort	
							- -					Prin	ted Name	e		
My Commission Ex	_	ature										Ema	il			
	мо	D	AY	YR			_		Ar	ea Cod	de	Daytim	e Teleph	none Nur	nber	
Part II- If this is	a report of a c	andidate's	authorized Co	mm	itte	e, C	andida	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politi	ical	commi	ittee has	not viola	ited ar	ıy provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me t	his									s	ignature o	of Candid	ate		
	day of						_									
	<b>6:</b> •						-					Printe	d Name			
My Commission Exp	Signatu ires	re										Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, , , , , , , , , , , , , , , , , , ,								
Name of Filing Committee or Candidate	Reporting	g Period						
Killion Victory Committee	From:	1/1/201	<u>1</u> To:	6/6/2011				
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)			\$	600.00				
All Other Contributions (Part D)			\$	600.00				
TOTAL for the Reporting	Period	(3)	\$	1,200.00				
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,200.00				

#### **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					
		F	rom:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing	g Committee		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 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.

Name of Filing Comm	ittee or Candidate	Re	porting I	Period			
		Fro	om:		To	<b>)</b> :	
				DATE			AMOUNT
Full Name of Contributo	ır		мо	DAY	YEAR		
Mailing Address						\$	0.00
	State	Zip Code (Plus 4)					
City							
City							PAGE TOTAL

#### **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.

**Reporting Period** 

Killion Victory Committee			From:	1/	1/2011	То:	<u>6/6/2011</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	
HCR ManorCare							\$ 300.00
Mailing Address 333 N. Summit Street				5	10	2011	
City Toledo	State	Zip Cod	e (Plus 4)	3	10	2011	
	ОН	43699					
Full Name of Contributing Committee				мо	DAY	YEAR	
Duane Morris LLP Govt Comm					271.	12/11	\$ 300.00
Mailing Address 30 S. 17th Street				5	10	2011	
<b>City</b> Philadelphia	State	Zip Cod	e (Plus 4)		10	2011	
	PA	19103					

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$ 

Name of Filing Committee or Candidate

**PAGE TOTAL \$** 600.00

### 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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

Killion Victory Committee					om: <u>1/1/20</u>		: <u>6/6/2011</u>	
				DA	ATE		А	MOUNT
Full Name of Contributor Robert S. Taylor Esq.				МО	DAY	YEAR	\$	300.00
Mailing Address P.O. Box 220				- 5	10	2011	1	
<b>City</b> Solebury	State PA	Zip Code (Plu 18963	s 4)					
Employer Name Self-employed				Occupat	tion	Attorney	,	
Employer Mailing Address/Principal Plac	ce of Business	City			State		Zip Cod	de (Plus 4)
s		ame			AS			
		unic			1,10			
Full Name of Contributor  Malady & Wooten Public Affairs LLP		unic		МО	DAY	YEAR	\$	300.00
Full Name of Contributor		ume		<b>MO</b> 5	DAY		\$	300.00
Full Name of Contributor  Malady & Wooten Public Affairs LLP	State	Zip Code (Plu	s 4)			<b>YEAR</b> 2011	\$	300.00
Full Name of Contributor  Malady & Wooten Public Affairs LLP  Mailing Address 604 North Third St.	<b>State</b> PA		s 4)		DAY		\$	300.00
Full Name of Contributor  Malady & Wooten Public Affairs LLP  Mailing Address 604 North Third St.		Zip Code (Plu	s 4)		<b>DAY</b> 20		\$	300.00
Full Name of Contributor  Malady & Wooten Public Affairs LLP  Mailing Address 604 North Third St.  City Harrisburg	PA	Zip Code (Plu	s 4)	- 5	<b>DAY</b> 20			300.00 de (Plus 4)
Full Name of Contributor Malady & Wooten Public Affairs LLP Mailing Address 604 North Third St. City Harrisburg  Employer Name	PA ce of Business	Zip Code (Plu 17101 City		- 5 Occupat	DAY 20		Zip Cod	

## 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 Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						$\neg$	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	•	
			<b>.</b>	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	Section	4.			\$	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		
Killion Victory Committee	From:	<u>1/1/2011</u> <b>To:</b>	<u>6/6/2011</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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)	\$	1,065.50
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,		\$	1,065.50

# 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			МО	DAY	YEAR				
Mailing Address						<b>7</b> \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•	•				
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Reporting Period					
Killion Victory Committee	From:	<u>1/1/2011</u> <b>To:</b>	<u>6/6/2011</u>			
		DATE	AMOUNT			

					DATE		AMOUNT
Full Name of Contributor Louis Schiazza CPA				мо	DAY	YEAR	
Mailing Address 50 South P	6	6	2011	\$ 1,065.50			
<b>City</b> Media	State	Zip Code(Pl	us 4)				
	PA	19063					
Employer of Contributor M	erves Amon & Barsz LLC	· ·		Occupa	tion C	PA	
Employer Mailing Address/Prin	ncipal Place of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
50 S. Providence Road Media		PA		190	63	Accour	nting Services
Enter Grand Total of Part (	G on Schedule II In-Ki	nd Contributio	ns Detaile	-d			PAGE TOTAL
Summary Page, Section 3.	•	ina contributio	nis Detane	·u			1,065.50

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
Killion Victory Committee	From	1/1/2011	То:	6/6/2011

				DATE	AMOUNT			
To Whom Paid			МО	DAY	YEAR			
Kari J. McNichol								
Mailing Address 645 Old School House Drive			6	2	2011	\$	401.10	
City Springfield	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19064	Payroll - Net					
To Whom Paid			мо	DAY	YEAR			
Thomas Killion								
Mailing Address 3 Laura Lynn Lane			5	18	2011	\$	35.29	
City Glen Mills	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19342	Reimburse - Office Expense					
To Whom Paid			мо	DAY	YEAR			
Middletown Township Busines	ss & Professional Asso							
Mailing Address P.O. Box	4042		5	18	2011	\$	60.00	
<b>City</b> Elwyn	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19063	Contribution					
To Whom Paid			мо	DAY	YEAR			
Verizon								
Mailing Address P.O. Box 28000			5	10	2011	\$	33.09	
City Lehigh Valley	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18002	Telephone					
To Whom Paid			мо	DAY	YEAR			
Verizon Wireless			1.0		7 = 7 1111			
Mailing Address P.O. Box 25505			5	10	2011	\$	120.14	
City Lehigh Valley	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18002	Internet Access					
	To Whom Paid			DAY	YEAR			
To Whom Paid		Kenny's Flower Shoppe Inc.						
			МО					
Kenny's Flower Shoppe Inc.	tate Street		5	10	2011	\$	70.97	
Kenny's Flower Shoppe Inc.	tate Street State	Zip Code (Plus 4)	5	10		\$	70.97	

To Whom Paid			мо	DAY	YEAR			
TD Card Services				DAT	TEAR			
Mailing Address P.O. Box 2580			5	10	2011	\$	283.29	
City Cherry Hill	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	80340	Campaign Expense					
To Whom Paid				DAY	YEAR			
TD Card Services			МО		12/11			
Mailing Address P.O. Box 2580			5	10	2011	\$	41.70	
City Cherry Hill	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	80340	Auto Expense					
To Whom Paid				DAY	YEAR			
Kari J. McNichol					ILAK			
Mailing Address 645 Old School House Drive			5	3	2011	\$	401.10	
City Springfield	State	Zip Code (Plus 4)	Description of Expenditure					
PA 19064 Payroll - Net								
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,446.68	