

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 Victory Committee										
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 2011	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	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2011	TO	6	6	2011		
A. Amount Brought Forward From Last Report				\$		12,531.61				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,200.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		13,731.61				
D. Total Expenditures (From Schedule III)				\$		1,446.68				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		12,284.93				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		1,065.50				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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 Victory Committee	From: <u>1/1/2011</u> To: <u>6/6/2011</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,200.00
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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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
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 Killion Victory Committee	Reporting Period From: <u>1/1/2011</u> To: <u>6/6/2011</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
HCR ManorCare	333 N. Summit Street	Toledo	5	10	2011	\$ 300.00
State	Zip Code (Plus 4)					
OH	43699					
Duane Morris LLP Govt Comm	30 S. 17th Street	Philadelphia	5	10	2011	\$ 300.00
State	Zip Code (Plus 4)					
PA	19103					

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

PAGE TOTAL
\$ 600.00

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 Killion Victory Committee	Reporting Period From: <u>1/1/2011</u> To: <u>6/6/2011</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Malady & Wooten Public Affairs LLP					
Mailing Address 604 North Third St.				\$ 300.00	
City Harrisburg	5	20	2011		
State PA	Zip Code (Plus 4) 17101				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
Robert S. Taylor Esq.					
Mailing Address P.O. Box 220				\$ 300.00	
City Solebury	5	10	2011		
State PA	Zip Code (Plus 4) 18963				
Employer Name Self-employed	Occupation Attorney				
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)	
S	ame		AS		

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

PAGE TOTAL
\$ 600.00

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 Victory Committee	Reporting Period From: <u>1/1/2011</u> To: <u>6/6/2011</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)	\$ 1,065.50
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.)	\$ 1,065.50

**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	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 Victory Committee	Reporting Period From: <u>1/1/2011</u> To: <u>6/6/2011</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Louis Schiazza CPA					
Mailing Address 50 South Providence Road				\$ 1,065.50	
City Media State PA Zip Code(Plus 4) 19063	6	6	2011		
Employer of Contributor Merves Amon & Barsz LLC	Occupation CPA				
Employer Mailing Address/Principal Place of Business 50 S. Providence Road Media	City PA	State	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 1,065.50	

SCHEDULE III STATEMENT OF EXPENDITURES

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

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Kari J. McNichol	6	2	2011	\$ 401.10
Mailing Address 645 Old School House Drive				
City Springfield	State PA	Zip Code (Plus 4) 19064	Description of Expenditure Payroll - Net	
To Whom Paid Thomas Killion	5	18	2011	\$ 35.29
Mailing Address 3 Laura Lynn Lane				
City Glen Mills	State PA	Zip Code (Plus 4) 19342	Description of Expenditure Reimburse - Office Expense	
To Whom Paid Middletown Township Business & Professional Asso	5	18	2011	\$ 60.00
Mailing Address P.O. Box 4042				
City Elwyn	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution	
To Whom Paid Verizon	5	10	2011	\$ 33.09
Mailing Address P.O. Box 28000				
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002	Description of Expenditure Telephone	
To Whom Paid Verizon Wireless	5	10	2011	\$ 120.14
Mailing Address P.O. Box 25505				
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002	Description of Expenditure Internet Access	

To Whom Paid Kenny's Flower Shoppe Inc.			MO	DAY	YEAR	
Mailing Address 110 W. State Street			5	10	2011	\$ 70.97
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Constituent Gifts			
To Whom Paid TD Card Services			MO	DAY	YEAR	
Mailing Address P.O. Box 2580			5	10	2011	\$ 283.29
City Cherry Hill	State PA	Zip Code (Plus 4) 80340	Description of Expenditure Campaign Expense			
To Whom Paid TD Card Services			MO	DAY	YEAR	
Mailing Address P.O. Box 2580			5	10	2011	\$ 41.70
City Cherry Hill	State PA	Zip Code (Plus 4) 80340	Description of Expenditure Auto Expense			
To Whom Paid Kari J. McNichol			MO	DAY	YEAR	
Mailing Address 645 Old School House Drive			5	3	2011	\$ 401.10
City Springfield	State PA	Zip Code (Plus 4) 19064	Description of Expenditure Payroll - Net			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,446.68

