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 2003	8196			Repo Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:				y Commi	ttee		_					
Street Address:	50 SOUTH PR	OVIDEN	ICE ROAD												
City:	MEDIA						State:	PA			Zip Co	de: 19	063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM		POST-	3. X		AMENDN REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	ay pri	E- 5.	30 D ELEC	AY TION	POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2011	L			NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE (OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	Y	EAR	Itumber	STH	REP	,	23
REPRESENTATI	VE IN THE GENER	RAL ASS	EMBLY				11	L	8	2011	 	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	EAR	FC	DR OFFIC	E USE	ONLY	
Expenditures	from:		1 1	1 2	011	ГО	6	5	6	2011					
A. Amount Bro	ught Forward From	m Last R	eport	•		\$;		12,	531.61					
B. Total Monet	ary Contributions	And Rec	eipts (Fror	m Sche	dule I)	\$	5		1,	200.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 13,732							731.61								
D. Total Expenditures (From Schedule III) \$ 1,446						446.68	1								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5		12,2	284.93					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II)	4	5		1,0	065.50					
G. Unpaid Deb	s And Obligations	(From S	Schedule I	V)		4	5			0.00					
				AFF	IDAV	IT SE	ECTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this i	s a Ca	ndidate r	eport,	candi	date sig	gn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached so	chedule	s filed or	n paper	or by elec	tronic m	edium	i, are to i	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						:	Signaturo	e of Perso	n Submitt	ing Rep	oort	
	Signatu	Ire				_					Prin	ted Name			
My Commission Ex	-										Ema	il			
	мо	D,	AY	YR				Ar	ea Co	de	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	d Comr	nittee,	Candio	date shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of r ed.	ny knowle	edge and bel	lief this	s politica	l comr	nittee has i	not viola	ited ai	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature					_					Ema	il			
						_									
	мо	D	AY	YR	Ł			Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	5			
Name of Filing Committee or Candidate	Reporting	Period		
Killion Victory Committee	From:	<u>1/1/201</u>	<u>1</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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,200.00
			\$	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 Candida	te		Reporting Period						
			Fro	om:		То	:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

PAGE 3

Use this Part to it	emize all othe 50.01 to \$250.	1 TO \$250.00 r contribution .00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
From: T):			
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detai	led Summary Pag	je, Se	ection 2	2.		\$	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	Period				
Killion Victory Committee			From:	<u>1/</u>	1/2011	То:	<u>6/6/2011</u>	
				DA	TE		Α	MOUNT
Full Name of Contributing Committee Duane Morris LLP Govt Comm				мо	DAY	YEAR		
Mailing Address 30 S. 17th Street				_			\$	300.00
City Philadelphia	State PA	Zip Code 19103	e (Plus 4)	5	10	2011	-	
Full Name of Contributing Committee HCR ManorCare				мо	DAY	YEAR		
Mailing Address 333 N. Summit Stree	et						\$	300.00
City Toledo	State OH	Zip Code 43699	e (Plus 4)	5	10	2011	_	
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sum	imary Pa	ige, Sectio	n 3.			\$	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			Rep	orting Pe	riod		
Killion Victory Committee			Fror	n:	<u>1/1/2</u>	<u>011</u> То	e: <u>6/6/2011</u>
			-	DA	ATE		AMOUNT
Full Name of Contributor Robert S. Taylor Esq.				мо	DAY	YEAR	
Mailing P.O. Box 220 Address							\$ 300.00
City Solebury	State PA	Zip Code (Plu 18963	s 4)	5	10	2011	
Employer Name Self-employed				Occupat	tion A	ttorney	
Employer Mailing Address/Principal Plac Business	e of	City		I	State		Zip Code (Plus 4)
S		ame			AS		
Full Name of Contributor Malady & Wooten Public Affairs LLP				мо	DAY	YEAR	
Mailing 604 North Third St.							\$ 300.00
City Harrisburg	State PA	Zip Code (Plu 17101	s 4)	5	20	2011	
Employer Name	I			Occupat	tion	1	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I. Detailed Su	Immary Page	Sectio	on 3.		Γ	PAGE TOTAL
	= = = = = = = = = = = = = = = =	, ugo					\$ 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 Candida	te		Report	ting Perio	od				
			From:			То:):		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I					-1			
Enter Grand Total of Part E on Sche	dule T. Detailed	I Summary Page	Section	4				PAGE TO	ſAL
		, sammary rage,	Section	-11			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Killion Victory Committee	From:	<u>1/1/2011</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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		\$	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:			То:		
				DATE		АМС	DUNT	
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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						e, PAGE TOTAL		
					4	5	0.00	

PAGE 10

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	eriod		
Killion Victory Committee					Fro	m:	<u>1/1/20</u> 2	<u>11</u> To:	<u>6/6/2011</u>
							DATE		AMOUNT
Full Name of Contributor Louis Schiazza CPA						мо	DAY	YEAR	
Mailing Address 50 South Providence Road City State							6	2011	\$ 1,065.50
City Media	State PA		Zip Code(F 19063	Plus 4)		6	0	2011	
Employer of Contributor Merves Am	on & Barsz	LLC				Occupat	tion (CPA	
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption of Contribution
50 S. Providence Road Media PA					190	63	Accounting Services		
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ons De	taile	d			PAGE TOTAL
Summary Page, Section 3.									1,065.50

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Cor	nmittee or Candidate			Reporti	ng Period			
Killion Victory Cor	nmittee			From	<u>1/</u>	<u>1/2011</u>	То:	<u>6/6/2011</u>
					DATE			AMOUNT
To Whom Paid Kari J. McNichol				мо	DAY	YEAR		
Mailing Address	645 Old School Hous	se Drive		6	2	2011	\$	401.10
City Springfield		State PA	Zip Code (Plus 4) 19064	Descrip Payroll	otion of Exp - Net	penditure	1	
To Whom Paid Thomas Killion				мо	DAY	YEAR		
Mailing Address	3 Laura Lynn Lane			5	18	2011	\$	35.29
City Glen Mills		State PA	Zip Code (Plus 4) 19342	-	otion of Exp Irse - Offic			
To Whom Paid Middletown Towns	hip Business & Profes	sional Asso		мо	DAY	YEAR		
Mailing Address	P.O. Box 4042			5	18	2011	\$	60.00
City Elwyn		State PA	Zip Code (Plus 4) 19063	Description of Expenditure Contribution				
To Whom Paid Verizon				мо	DAY	YEAR		
Mailing Address	P.O. Box 28000			5	10	2011	\$	33.09
City Lehigh Vall	еу	State PA	Zip Code (Plus 4) 18002	Descrip Telepho	otion of Exp	penditure		
To Whom Paid Verizon Wireless				мо	DAY	YEAR		
Mailing Address	Aailing Address P.O. Box 25505		5	10	2011	\$	120.14	
City Lehigh Vall	еу	State PA	Zip Code (Plus 4) 18002		otion of Exp et Access	penditure		

							AGE IZ
To Whom Paid Kenny's Flower Shoppe Inc.			мо	DAY	YEAR		
Mailing Address 110 W. Sta	te Street		5	10	2011	\$	70.97
City Media	State PA	Zip Code (Plus 4) 19063		otion of Exp	penditure		
To Whom Paid TD Card Services			мо	DAY	YEAR		
Mailing Address P.O. Box 25	580		5	10	2011	\$	283.29
City Cherry Hill	PA 80340			ign Expens			
To Whom Paid TD Card Services			мо	DAY	YEAR		
Mailing Address P.O. Box 25	580		5	10	2011	\$	41.70
City Cherry Hill	State PA	Zip Code (Plus 4) 80340	Descrip Auto Ex	stion of Exp xpense	penditure	1	
To Whom Paid Kari J. McNichol			мо	DAY	YEAR		
Mailing Address 645 Old Sci	hool House Drive		5	3	2011	\$	401.10
City Springfield	Springfield State Zip Code (Plus 4) PA 19064				l penditure	1	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 1,446.68