

# 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: <span style="float:right">▶</span>	Report Filed By: <span style="float:right">▶</span>	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist <b>McGARRITY FOR COMMISSIONER</b>				
Street Address: <b>401 Kenmore Rd</b>				
City: <b>Havertown</b>		State: <b>Pa</b>	Zip Code: <b>19083</b>	

TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup> <input checked="" type="checkbox"/>	YEAR <b>2006</b>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate:	<b>DATE OF ELECTION</b>	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: <span style="float:right">▶</span>	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<b>11 28 2006</b>		<b>12 31 2001</b>	
A. Amount Brought Forward From Last Report	\$	<b>4172.52</b>		COUNTY OF DELAWARE BUREAU OF ELECTIONS 2007 JAN 25 PM 3:28
B. Total Monetary Contributions and Receipts (From Schedule I)	\$			
C. Total Funds Available (Sum of Lines A and B)	\$	<b>4172.52</b>		
D. Total Expenditures (From Schedule III)	\$	<b>961.21</b>		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>3211.31</b>		
F. Value of In-Kind Contributions Received (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>5000.00</b>		

### 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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23 day of January 2007

*Hilda J. Cioffi*  
COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
HILDA J. CIOFFI, Notary Public  
Havertown Twp., Delaware County  
My Commission Expires August 27, 2009

*Teresa A. Coogan*  
Signature of Person Submitting Report  
**TERESA A COOGAN**  
Printed Name  
**610** **789-3603**  
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 23 day of January 2007

*Hilda J. Cioffi*  
COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
HILDA J. CIOFFI, Notary Public  
Havertown Twp., Delaware County  
My Commission Expires August 27, 2009

*James E. McGarrity*  
Signature of Candidate  
**JAMES E. MCGARRITY**  
Printed Name  
**610** **446-8088**  
Area Code Daytime Telephone Number

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>McGarrity for Commissioner</b>	Reporting Period From <u>11/28/06</u> To <u>12/31/06</u>
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To Whom Paid <b>PATTI Storey</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 75.00</b>
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Mailing Address <b>222 Edgemoor Dr</b>	Description of Expenditure <b>NEWS DELIVERY</b>
City <b>Havertown</b>	

Bob Lawson is employed by the Township as the Highway Inspector. He is the Judge of Elections in the 7th ward - 2nd precinct, and is a long-time friend of McGarrity.

To Whom Paid <b>BOB Lawson</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 40.00</b>
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Mailing Address <b>301 Kenmore Rd</b>	Description of Expenditure <b>LITERATURE DELIVERY</b>
City <b>Havertown</b>	
State <b>Pa</b>	Zip Code (Plus 4) <b>19083 -</b>

To Whom Paid <b>JACK MORRISON</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 50.00</b>
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Mailing Address <b>Upper Darby Post office</b>	Description of Expenditure <b>HOLIDAY GIFT</b>
City <b>Upper Darby</b>	
State <b>Pa</b>	Zip Code (Plus 4) <b>19082 -</b>

To Whom Paid <b>Upper Darby Postmaster</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 160.00</b>
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Mailing Address <b>Upper Darby</b>	Description of Expenditure <b>bulk mailing permit Renewal</b>
City <b>Upper Darby</b>	
State <b>Pa</b>	Zip Code (Plus 4) <b>19082 -</b>

To Whom Paid <b>Jim McGarrity</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 54.60</b>
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Mailing Address <b>401 Kenmore Rd</b>	Description of Expenditure <b>Reimbursement for STAMPS</b>
City <b>Havertown</b>	
State <b>Pa</b>	Zip Code (Plus 4) <b>19083 -</b>

To Whom Paid <b>PPS Print SOLUTIONS</b>	MO: <u>12</u> DAY: <u>18</u> YEAR: <u>06</u>	Amount <b>\$ 581.61</b>
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Mailing Address <b>501 Abbott Dr 2nd fl Unit 3</b>	Description of Expenditure <b>weekly planners</b>
City <b>Broomall</b>	
State <b>Pa</b>	Zip Code (Plus 4) <b>19008 -</b>

To Whom Paid	MO: DAY: YEAR:	Amount <b>\$</b>
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Mailing Address	Description of Expenditure
City	
State	Zip Code (Plus 4)

To Whom Paid	MO: DAY: YEAR:	Amount <b>\$</b>
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Mailing Address	Description of Expenditure
City	
State	Zip Code (Plus 4)

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 961.21**

## 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 <i>Mc Garity for Commissioner</i>	Reporting Period From <i>11/28/06</i> To <i>12/31/06</i>
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Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 1200.00</b>		
Mailing Address <i>401 Kenmore rd</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <i>Haverhill</i>		<i>4</i>	<i>30</i>	<i>04</i>	
Description of Debt <i>loan to self to be repaid when funds are available</i>		State <i>MA</i>	Zip Code (Plus 4) <i>01905 -</i>		

Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 800.00</b>		
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		<i>5</i>	<i>11</i>	<i>04</i>	
Description of Debt <i>- see above -</i>		State	Zip Code (Plus 4)		

Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 500.00</b>		
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		<i>11</i>	<i>3</i>	<i>04</i>	
Description of Debt <i>- see above -</i>		State	Zip Code (Plus 4)		

Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 550.00</b>		
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		<i>1</i>	<i>11</i>	<i>05</i>	
Description of Debt <i>- see above -</i>		State	Zip Code (Plus 4)		

Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 500.00</b>		
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		<i>7</i>	<i>15</i>	<i>05</i>	
Description of Debt <i>- see above -</i>		State	Zip Code (Plus 4)		

Name of Creditor <i>Jim McGarity</i>			Outstanding Balance of <b>\$ 500.00</b>		
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		<i>10</i>	<i>20</i>	<i>05</i>	
Description of Debt <i>- see above -</i>		State	Zip Code (Plus 4)		

**Total: 4050.00**

## 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 <i>Mr GARRITY for Commissioner</i>	Reporting Period <i>11/23/06</i> to <i>12/31/06</i> From <i>01/01/06</i> To <i>01/01/06</i>
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Name of Creditor <i>Jim McGarrity</i>		Outstanding Balance of Debt <b>\$ 450.00</b>	
Mailing Address <i>401 Kenmore Rd</i>	DATE DEBT INCURRED		
City <i>Haverhill</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19033-</i>	
Description of Debt <i>loan to self to be repaid when funds are available</i>			

Name of Creditor <i>Jim McGarrity</i>		Outstanding Balance of Debt <b>\$ 500.00</b>	
Mailing Address <i>- see above -</i>	DATE DEBT INCURRED		
City	State <i>Pa</i>	Zip Code (Plus 4) <i>19033-</i>	
Description of Debt <i>- see above -</i>			

Name of Creditor		Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED		
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED		
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED		
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt <b>\$</b>	
Mailing Address	DATE DEBT INCURRED		
City	State	Zip Code (Plus 4)	
Description of Debt			

*950.00*