

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: ▶	Report Filed By: ▶	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist McGARRITY FOR COMMISSIONER				
Street Address: 401 Kenmore Rd				
City: Havertown		State: Pa	Zip Code: 19083	
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 <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR 2006	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate:			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO. DAY YEAR			(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from: ▶		MO. DAY YEAR		MO. DAY YEAR	FOR OFFICE USE ONLY					
		11	28	2006	To	12	31	2001	COUNTY OF DELAWARE BUREAU OF ELECTIONS 2007 JAN 25 PM 3:28	
	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, 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

<p><u>23</u> day of <u>January</u> 20 <u>07</u></p> <p><i>Hilda J. Cioffi</i> COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL HILDA J. CIOFFI, Notary Public Havertown Twp., Delaware County My Commission Expires August 27, 2009</p>	<p><i>Teresa A. Coogan</i> Signature of Person Submitting Report TERESA A COOGAN Printed Name <u>610</u> <u>789-3603</u> Area Code Daytime Telephone Number</p>
--	---

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

<p><u>23</u> day of <u>January</u> 20 <u>07</u></p> <p><i>Hilda J. Cioffi</i> COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL HILDA J. CIOFFI, Notary Public Havertown Twp., Delaware County My Commission Expires August 27, 2009</p>	<p><i>James E. McGarrity</i> Signature of Candidate James E. McGarrity Printed Name <u>610</u> <u>446-8088</u> Area Code Daytime Telephone Number</p>
--	---

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate McGarrity for Commissioner	Reporting Period From <u>11/28/06</u> To <u>12/31/06</u>
--	---

To Whom Paid PATTI Storey	MO	DAY	YEAR	Amount
Mailing Address 222 Edgemoor Dr	12	18	06	\$ 75.00
City Havertown	State Pa		Zip Code (Plus 4) 19083 -	Description of Expenditure LITERATURE DELIVERY

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

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

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

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

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

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

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

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>
--	---

Name of Creditor <i>Jim McGarity</i>		Outstanding Balance of \$ 1200.00		
Mailing Address <i>401 Kenmore rd</i>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <i>Haverhill</i>		<i>4</i>	<i>70</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>1905 -</i>	

Name of Creditor <i>Jim McGarity</i>		Outstanding Balance of \$ 800.00		
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 \$ 500.00		
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 \$ 550.00		
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 \$ 500.00		
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 \$ 500.00		
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>
---	--

Name of Creditor <i>Jim McGarrity</i>		Outstanding Balance of Debt \$ 450.00	
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 \$ 500.00	
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 \$	
Mailing Address	DATE DEBT INCURRED		
City	State	Zip Code (Plus 4)	
Description of Debt			

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

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

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

950.00