

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:	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist McGARRITY FOR COMMISSIONER				
Street Address 401 Kenmore Rd.				
City: HAVERTOWN		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.}	AMENDMENT REPORT	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT	YES	NO
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR 2007	FILING METHOD <input type="checkbox"/> CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION MO. DAY YEAR	District Number	Office Code	Party Code	County Code
			OTH	R	23
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	11 27 2007		12 31 2007	
A. Amount Brought Forward From Last Report	\$	1026.43		COUNTY OF DELAWARE BUREAU OF ELECTIONS 2008 JAN 10 PM 1:50
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00		
C. Total Funds Available (Sum of Lines A and B)	\$	1126.43		
D. Total Expenditures (From Schedule III)	\$	229.46		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	896.97		
F. Value of In-Kind Contributions Received (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	500.00		

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, 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 9th day of January 2008	Signature of Person Submitting Report Teresa A. Cioffi Printed Name 610 789-3600 Area Code Daytime Telephone Number
Hilda J. Cioffi COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL HILDA J. CIOFFI, Notary Public Havertown Twp., Delaware County My commission expires August 27, 2009	

PART II - If this is a report of a Candidate, 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. 1223, No. 320) as amended.

Sworn to and subscribed before me this 9th day of January 2008	Signature of Candidate James E. McGarrity Printed Name 610 446-8083 Area Code Daytime Telephone Number
Hilda J. Cioffi COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL HILDA J. CIOFFI, Notary Public Havertown Twp., Delaware County My Commission Expires August 27, 2009	

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>McGHEE FOR COMMISSIONER</u>	Reporting Period From <u>11/29/07</u> To <u>12/31/07</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ <u>100.00</u>
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$

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 Page 1, Report Cover Page, Item B.)	\$ <u>100.00</u>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate MCGARRITY FOR COMMISSIONER	Reporting Period From <u>11/07/07</u> To <u>12/31/07</u>
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To Whom Paid The STRUBS LIVING TRUST	MO. <u>12</u>	DAY <u>13</u>	YEAR <u>07</u>	Amount \$ 100.00
Mailing Address 304 MILL RD	Description of Expenditure REFUND DONATION - TRUST CHECK			
City HAVERTOWN	State Pa	Zip Code (Plus 4) 19333 -		
From 4-18-03 -- COPY ATTACHED				

To Whom Paid Jim MCGARRITY	MO. <u>12</u>	DAY <u>17</u>	YEAR <u>07</u>	Amount \$ 108.96
Mailing Address 401 Kennock Rd	Description of Expenditure Printing & office supplies			
City HAVERTOWN	State Pa	Zip Code (Plus 4) 19333 -		

To Whom Paid BRUN MAWR TRUST CO	MO. <u>11</u>	DAY <u>30</u>	YEAR <u>07</u>	Amount \$ 30.50
Mailing Address 801 LANCASTER AVE	Description of Expenditure NEW CHECK CHARGE			
City BRUN MAWR	State Pa	Zip Code (Plus 4) -		

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

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

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

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

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

PAGE TOTAL
\$ 209.46

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

McGARRITY FOR COMMISSIONER
401 KENMORE RD.
HAVERTOWN, PA 19083

60-848/319
6313280

410

DATE 12/13/07

REINFORCE WALLET OR DUPLICATE SAFETY/PAPER

PAY TO THE ORDER OF The Straub Living Trust Fund \$ 100.00

One hundred and 00/100 DOLLARS



The Bryn Mawr Trust Company

MEMO

refund check from 4/12/05

Teresa A. Coogan

⑆031908485⑆ ⑆631 3280⑆ 0410

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 McGARRITY FOR COMMISSIONER	Reporting Period From <u>11-27-07</u> To <u>12-31-07</u>
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Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 4 20 04	Outstanding Balance of Debt \$ 1200.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan TO SELF TO be repaid when funds are available		

Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 5 11 04	Outstanding Balance of Debt \$ 500.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan TO self to be repaid when funds are available		

Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 11 3 04	Outstanding Balance of Debt \$ 500.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan TO SELF TO be repaid when funds are available		

Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 1 11 05	Outstanding Balance of Debt \$ 550.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan to self to be repaid when funds are available		

Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 7 15 05	Outstanding Balance of Debt \$ 500.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan to self to be repaid when funds are available		

Name of Creditor Jim McGARRITY	DATE DEBT INCURRED 10 20 05	Outstanding Balance of Debt \$ 500.00
Mailing Address 401 Kenmore Rd	City HAVERTOWN	State Zip Code (Plus 4) Pa 19083-
Description of Debt Loan TO SELF TO be repaid when funds are available		

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 MCGARRITY FOR commissioner	Reporting Period From 11-27-07 To 12-31-07
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Name of Creditor Jim MCGARRITY		Outstanding Balance of Debt \$ 450.00	
Mailing Address 401 Kenmore Rd	DATE DEBT INCURRED 5 12 06		
City Haverstown	State Zip Code (Plus 4) Pa 19053 -		

Description of Debt
loan to self to be repaid when funds are available

Name of Creditor Jim MCGARRITY		Outstanding Balance of Debt \$ 500.00	
Mailing Address 401 Kenmore Rd	DATE DEBT INCURRED 6 27 06		
City Haverstown	State Zip Code (Plus 4) Pa 19053 -		

Description of Debt
loan to self to be repaid when funds are available

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)		