

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>McGHEARITY FOR COMMISSIONER</u>									
Street Address: <u>401 Kenmore RD</u>									
City: <u>HAVERDOWNS</u>				State: <u>PA</u>		Zip Code: <u>19083</u>			
TYPE OF REPORT (place X to the right of report type)	8TH 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.	YEAR <u>2010</u>		FILING METHOD <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE				

Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR				
								<u>07H</u>	<u>R</u>	<u>23</u>
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.			DAY			YEAR			
	MO.	DAY	YEAR	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report										2011 JAN 31 PM 9:16
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 29 day of January, 2011

Hilda J. Cioffi
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 HILDA J. CIOFFI, Notary Public
 Haverford Twp., Delaware County
 My Commission Expires August 27, 2013

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 29 day of January, 2011

Hilda J. Cioffi
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 HILDA J. CIOFFI, Notary Public
 Haverford Twp., Delaware County
 My Commission Expires August 27, 2013

James E. McGarity
 Signature of Candidate
JAMES E. MCGARITY
 Printed Name
610 446-8058
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate McGARRITY FOR COMMISSIONER	Reporting Period From <u>11-23-10</u> To <u>12-31-10</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)	\$	<u>250.00</u>
All Other Contributions (Part B)	\$	<u>300.00</u>
	TOTAL for the Reporting Period	(2) \$ <u>550.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	<u>1150.00</u>
	TOTAL for the Reporting Period	(3) \$ <u>1150.00</u>

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>1700.00</u>
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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 MACGARRITY FOR Commissioner	Reporting Period From 11/23/10 To 12/31/10
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Full Name of Contributing Committee	MO.	DAY	YEAR	AMOUNT
FRIENDS OF ANDY LEWIS	12	15	10	\$ 250.00
Mailing Address 352 Exeter Rd	MO.	DAY	YEAR	\$
City Haverford State Pa Zip Code (Plus 4) 19041 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL	\$ 250.00
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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 MA-GARRITY FOR COMMISSIONER	Reporting Period From 11-23-10 To 12-31-10
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor PAT + SUSAN LACKIN	12	22	10	\$ 250.00
Mailing Address 40 W. FRONT ST	MO.	DAY	YEAR	\$
City MEDIA	MO.	DAY	YEAR	\$
State Pa				
Zip Code (Plus 4) 19063 -				
Full Name of Contributor AL + BARBARA DE FELICE	12	22	10	\$ 100.00
Mailing Address 30 BRADBURY RD	MO.	DAY	YEAR	\$
City HARFORD	MO.	DAY	YEAR	\$
State Pa				
Zip Code (Plus 4) 19033 -				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$ 300.00

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

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 <i>McGARRITY FOR COMMISSIONER</i>	Reporting Period From <i>11-23-10</i> To <i>12-31-10</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>JULIE JENSEN + Robert Bryan</i>	<i>12</i>	<i>22</i>	<i>10</i>	\$ <i>500.00</i>
Mailing Address <i>200 LOCUST ST APT 21A</i>	MO.	DAY	YEAR	\$
City <i>Phila</i> State <i>Pa</i> Zip Code (Plus 4) <i>19106 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>retired</i>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>JIM MCGARRITY</i>	<i>12</i>	<i>15</i>	<i>11</i>	\$ <i>650.00</i>
Mailing Address <i>401 Kenmore Rd</i>	MO.	DAY	YEAR	\$
City <i>Lancaster</i> State <i>Pa</i> Zip Code (Plus 4) <i>17603 -</i>	MO.	DAY	YEAR	\$
Employer Name <i>retired</i>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <i>1150.00</i>
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate McGARRITY FOR COMMISSIONER	Reporting Period From <u>11-23-2010</u> To <u>12-31-10</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
PPS PRINT SOLUTIONS	12	20	2010	\$ 786.66
Mailing Address 50; Abbott DR 2nd fl unit 3		Description of Expenditure 300 weekly planners + sleeves		
City Broomfield	State CO	Zip Code (Plus 4) 13003 -		
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)		
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)		

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

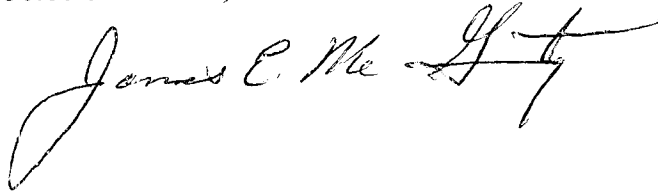
PAGE TOTAL
\$ 786.66

January 23, 2011

To the Committee of McGarrity for Commissioner,

I, James E. McGarrity, forgive the following loans:

Loan amount \$1200.00 on April 20, 2004
Loan amount 800.00 on May 11, 2004
Loan amount \$500.00 on November 3, 2004
Loan amount \$550.00 on January 11, 2005
Loan amount \$500.00 on July 15, 2005
Loan amount \$500.00 on October 20, 2005
Loan amount \$450.00 on May 12, 2006
Loan amount \$500.00 on June 27, 2006
Loan amount \$1200.00 on January 7, 2008
Loan amount \$500.00 on November 18, 2008
Loan amount \$150.00 on June 16, 2009.

A handwritten signature in black ink, reading "James E. McGarrity". The signature is written in a cursive style with a large, sweeping initial "J" and a stylized "G".

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 11-23-10 To 12-31-10			
Name of Creditor JIM McGARRITY					Outstanding Balance of Debt \$ 450.00			
Mailing Address 401 Keenwood Rd					DATE DEBT INCURRED	MO. 5	DAY 12	YEAR 06
City HAVERTOWN					State Pa	Zip Code (Plus 4) 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 Keenwood Rd					DATE DEBT INCURRED	MO. 5	DAY 27	YEAR 06
City HAVERTOWN					State Pa	Zip Code (Plus 4) 19053-		
Description of Debt loan to self to be repaid when funds are available								
Name of Creditor JIM McGARRITY					Outstanding Balance of Debt \$ 1200.00			
Mailing Address 401 Keenwood Rd					DATE DEBT INCURRED	MO. 1	DAY 27	YEAR 03
City HAVERTOWN					State Pa	Zip Code (Plus 4) 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 Keenwood Rd					DATE DEBT INCURRED	MO. 11	DAY 12	YEAR 03
City HAVERTOWN					State Pa	Zip Code (Plus 4) 19053-		
Description of Debt loan to self to be repaid when funds are available								
Name of Creditor JIM McGARRITY					Outstanding Balance of Debt \$ 150.00			
Mailing Address 401 Keenwood Rd					DATE DEBT INCURRED	MO. 6	DAY 14	YEAR 07
City HAVERTOWN					State Pa	Zip Code (Plus 4) 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	MO.	DAY	YEAR
City					State	Zip Code (Plus 4)		
Description of Debt								

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ **2800.00**

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 McGARRITY FOR COMMISSIONER					Reporting Period From 11-23-10 To 12-31-10		
Name of Creditor Jim McGARRITY					Outstanding Balance of Debt \$ 1200.00		
Mailing Address 401 Kenmore Rd		DATE DEBT INCURRED	MO. 4	DAY 20	YEAR 04		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
Description of Debt LOAN TO SELF TO BE repaid when funds ARE AVAILABLE							
Name of Creditor Jim McGARRITY					Outstanding Balance of Debt \$ 800.00		
Mailing Address 401 Kenmore Rd		DATE DEBT INCURRED	MO. 5	DAY 11	YEAR 04		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
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	MO. 11	DAY 3	YEAR 04		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
Description of Debt LOAN TO SELF TO BE repaid when funds are available							
Name of Creditor Jim McGARRITY					Outstanding Balance of Debt \$ 550.00		
Mailing Address 401 Kenmore Rd		DATE DEBT INCURRED	MO. 1	DAY 11	YEAR 05		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
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	MO. 7	DAY 15	YEAR 05		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
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	MO. 10	DAY 20	YEAR 05		
City HAVERTOWN		State Pa	Zip Code (Plus 4) 19083-				
Description of Debt Loan TO SELF TO BE repaid when funds ARE AVAILABLE							

PAGE TOTAL
\$ **4050.00**

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

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 J. McGARRITY FOR Commissioner	Reporting Period From <u>11-23-10</u> To <u>12/31/10</u>
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Name of Creditor Jim McGarrity					Outstanding Balance of Debt \$ 500.00		
Mailing Address 401 Kenmore Rd			DATE DEBT INCURRED		MO. 12	DAY 15	YEAR 2010
City Havertown			State PA		Zip Code (Plus 4) 19333-		
Description of Debt loan to self							

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

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

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

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

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 500.00
