

# 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 <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <b>Citizens For Donnelly</b>										
Street Address: <b>PO Box 307</b>										
City: <b>Horsesham</b>				State: <b>PA</b>		Zip Code: <b>19044</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> <input checked="" type="checkbox"/>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>			
	ANNUAL REPORT <sup>7.</sup>		YEAR <b>2017</b>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		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 <b>5 10 2017</b>		<b>40</b>		<b>REP</b>	<b>40</b>	
						(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR <b>3 28 2017</b>			To MO. DAY YEAR <b>5 1 2017</b>			FOR OFFICE USE ONLY  RECEIVED 2017 NOV -4 AM 10:01 NOTED BY:	
			A. Amount Brought Forward From Last Report		\$ <b>33,048.31</b>		B. Total Monetary Contributions and Receipts (From Schedule I)			
C. Total Funds Available (Sum of Lines A and B)		\$ <b>34,048.31</b>		D. Total Expenditures (From Schedule III)		\$ <b>1,270.00</b>				
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <b>32,778.31</b>		F. Value of In-Kind Contributions Received (From Schedule II)		\$ <b>0</b>				
G. Unpaid Debts and Obligations (From Schedule IV)		\$ <b>0</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 <b>30</b> day of <b>NOV</b> 20 <b>17</b>		Signature of Person Submitting Report <i>Louis Spino</i>	
COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Michelle L. Sepulveda, Notary Public Horsesham Twp., Montgomery County My Commission Expires Sept. 30, 2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES My commission expires <b>9</b> MO. <b>19</b> DAY YR.		Printed Name <b>Louis Spino</b> Area Code <b>215</b> Daytime Telephone Number <b>852-8429</b>	

**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 <b>3rd</b> day of <b>NOV</b> 20 <b>17</b>		Signature of Candidate <i>William E. Donnelly</i>	
COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Michelle L. Sepulveda, Notary Public Horsesham Twp., Montgomery County My Commission Expires Sept. 30, 2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES My commission expires <b>19</b> MO. DAY YR.		Printed Name <b>William E. Donnelly</b> Area Code <b>215</b> Daytime Telephone Number <b>343-4806</b>	

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>3/28/17</b> To <b>5/11/17</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>0</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>0</b>
All Other Contributions (Part B)	\$ <b>0</b>
TOTAL for the Reporting Period (2)	\$ <b>0</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>1000.00</b>
All Other Contributions (Part D)	\$ <b>0</b>
TOTAL for the Reporting Period (3)	\$ <b>1000.00</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <b>0</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>1000.00</b>
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# 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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>3/28/17</b> To <b>5/11/17</b>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>DB Rental</b>	5	1	17	\$ 1000. <sup>00</sup>
Mailing Address <b>1800 Pembroke Pl W Ste 200 Bx 107</b>				\$
City <b>Lansdale</b> State <b>PA</b> Zip Code (Plus 4) <b>19446</b>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL  
**\$ 1000.<sup>00</sup>**

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>3/28/17</b> To <b>5/1/17</b>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<b>Lalley for Judge</b> Mailing Address: <b>121 State St.</b> City: <b>Hamburg</b> State: <b>PA</b> Zip Code (Plus 4): <b>17101</b>	<b>4</b>	<b>13</b>	<b>17</b>	<b>\$ 250.00</b>	<b>Support</b>
<b>Bill Donnelly</b> Mailing Address: <b>PO Box 317</b> City: <b>Horsham</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>4</b>	<b>24</b>	<b>17</b>	<b>\$ 40.00</b>	<b>mail/postage/supp</b> <b>reimburse</b>
<b>Julie Mullin - McEw</b> Mailing Address: <b>process of</b> City: <b>obtaining address</b> State: <b>PA</b> Zip Code (Plus 4): <b>-</b>	<b>4</b>	<b>28</b>	<b>17</b>	<b>\$ 150.00</b>	<b>event/support</b>
<b>Friends of Clement &amp; Sorgini</b> Mailing Address: <b>2012 Water Fall Circle</b> City: <b>Collegedale</b> State: <b>PA</b> Zip Code (Plus 4): <b>19426</b>	<b>4</b>	<b>28</b>	<b>17</b>	<b>\$ 50.00</b>	<b>event/support</b>
<b>UMRC</b> Mailing Address: <b>PO Box 404</b> City: <b>Willow Grove</b> State: <b>PA</b> Zip Code (Plus 4): <b>19090</b>	<b>4</b>	<b>30</b>	<b>17</b>	<b>\$ 30.00</b>	<b>Support</b>
<b>Allen 4 Judge</b> Mailing Address: <b>PO Box 23</b> City: <b>Nomstown</b> State: <b>PA</b> Zip Code (Plus 4): <b>19404</b>	<b>5</b>	<b>1</b>	<b>17</b>	<b>\$ 750.00</b>	<b>Support/event</b>
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				<b>\$</b>	
City					
State					
Zip Code (Plus 4)					
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				<b>\$</b>	
City					
State					
Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
<b>\$ 1,270.00</b>