

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: Citizens for Donnelly													
Street Address: PO Box 307													
City: Horsham				State: PA		Zip Code: 19044							
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.} <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	ANNUAL REPORT ^{7.}		YEAR 2017		FILING METHOD () CHECK ONE ▶		PAPER		DISKETTE				
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code		
					MO. DAY YEAR								
					11 7 2017			46		REP	46		
								(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:													
			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY				
			9 19 2017			To 11 27 2017			OFFICE USE ONLY SECTION 17101-17102				
A. Amount Brought Forward From Last Report					\$ 32,144.42								
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 3,500.00								
C. Total Funds Available (Sum of Lines A and B)					\$ 35,644.42								
D. Total Expenditures (From Schedule III)					\$ 1,083.65								
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 34,960.77								
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0								
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0								

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 20 17 day of December 2017

My commission expires 19 day of September 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Louis Spino
Signature of Person Submitting Report

Louis Spino
Printed Name

215 **852-8429**
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 20 17 day of December 2017

My commission expires 19 day of September 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

William E. Donnelly
Signature of Candidate

William E. Donnelly
Printed Name

215 **343-4806**
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 9/19/17 To 11/27/17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 3500.⁰⁰
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

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

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.)	\$ 3,500.⁰⁰
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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 Citizens for Donnelly	Reporting Period From 9/1/17 To 11/30/17
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Committee for a Better Commonwealth	11	8	17	\$ 3,500. ⁰⁰
Mailing Address PO Box 5102	MO.	DAY	YEAR	\$
City New Britain	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18901	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 3,500.⁰⁰

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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Connelly	Reporting Period From 9/19/17 To 11/27/17
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To Whom Paid ATRO	MO. 10	DAY 2	YEAR 17	Amount \$ 500.00
Mailing Address PO Box 615				
Description of Expenditure Support				
City Abingdon	State PA	Zip Code (Plus 4) 191001		

To Whom Paid Wine + Spirit	MO. 11	DAY 13	YEAR 17	Amount \$ 24.37
Mailing Address 1973 Nomstown Rd				
Description of Expenditure support/gift				
City Maple Glen	State PA	Zip Code (Plus 4) 19062-		

To Whom Paid I60	MO. 11	DAY 15	YEAR 17	Amount \$ 50.00
Mailing Address 110 Horizon Dr. Ste. 210				
Description of Expenditure membership fee				
City Kalevan	State NC	Zip Code (Plus 4) 27615		

To Whom Paid I60	MO. 11	DAY 15	YEAR 17	Amount \$ 50.00
Mailing Address 110 Horizon Dr. Ste. 210				
Description of Expenditure membership fee				
City Kalevan	State NC	Zip Code (Plus 4) 27615		

To Whom Paid Wine + Spirit	MO. 11	DAY 27	YEAR 17	Amount \$ 59.28
Mailing Address 1115 N. Main St.				
Description of Expenditure support/gift				
City Warrington	State PA	Zip Code (Plus 4) 189710		

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
\$ 683.65