

# 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 367</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	<input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT	<input type="checkbox"/>	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</b>	<b>16</b>	<b>2017</b>	<b>40</b>		<b>REP</b>	<b>40</b>		
(SEE INSTRUCTIONS FOR CODES)													
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED MAY 31 2017 4:55 MID-LEVEL			
			<b>1</b>	<b>1</b>	<b>2017</b>	To	<b>3</b>	<b>27</b>	<b>2017</b>				
A. Amount Brought Forward From Last Report			\$ <b>30,860.45</b>										
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>0</b>										
C. Total Funds Available (Sum of Lines A and B)			\$ <b>30,860.45</b>										
D. Total Expenditures (From Schedule III)			\$ <b>3,812.14</b>										
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>33,048.31</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

**215** COMMONWEALTH OF PENNSYLVANIA }  
 NOTARIAL SEAL }  
 Michelle L. Sepulveda, Notary Public }  
 My Commission Expires **19** }  
 My commission expires MO. DAY YR. }  
**19**

*Louis Spino* }  
 Signature of Person Submitting Report }  
**Louis Spino** }  
 Printed Name }  
**215** }  
 Area Code }  
**852-8429** }  
 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

**215** COMMONWEALTH OF PENNSYLVANIA }  
 NOTARIAL SEAL }  
 Michelle L. Sepulveda, Notary Public }  
 My Commission Expires **19** }  
 My commission expires MO. DAY YR. }  
**19**

*William E. Donnelly* }  
 Signature of Candidate }  
**William E. Donnelly** }  
 Printed Name }  
**215** }  
 Area Code }  
**343-4806** }  
 Daytime Telephone Number }

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>1/1/17</b> To <b>3/27/17</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>0</b>
All Other Contributions (Part D)	\$ <b>0</b>
TOTAL for the Reporting Period (3)	\$ <b>0</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>0</b>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>11/17</b> To <b>3/27/17</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Starbucks</b> Mailing Address: <b>500 Broad St.</b> City: <b>Collegedale</b> State: <b>PA</b> Zip Code (Plus 4): <b>19426</b>	<b>1</b>	<b>23</b>	<b>17</b>	<b>\$ 12.14</b>
Description of Expenditure: <b>Meeting</b>				
<b>Republican Party of Pennsylvania</b> Mailing Address: <b>112 State St.</b> City: <b>Harrisburg</b> State: <b>PA</b> Zip Code (Plus 4): <b>17101</b>	<b>3</b>	<b>10</b>	<b>17</b>	<b>\$ 1,000.00</b>
Description of Expenditure: <b>Support/donation</b>				
<b>Montgomery County Young Republicans</b> Mailing Address: <b>133 Fairview Ave</b> City: <b>Bala Cynwyd</b> State: <b>PA</b> Zip Code (Plus 4): <b>19004</b>	<b>3</b>	<b>17</b>	<b>17</b>	<b>\$ 100.00</b>
Description of Expenditure: <b>Support</b>				
<b>Republican Comm of L Merion + Norbeth</b> Mailing Address: <b>90 Cndlet Ave. 1st Floor</b> City: <b>Ardmore</b> State: <b>PA</b> Zip Code (Plus 4): <b>19003</b>	<b>3</b>	<b>24</b>	<b>17</b>	<b>\$ 250.00</b>
Description of Expenditure: <b>Support</b>				
<b>Horsham Community Fund</b> Mailing Address: <b>507 Horsham Rd.</b> City: <b>Horsham</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>3</b>	<b>27</b>	<b>17</b>	<b>\$ 2450.00</b>
Description of Expenditure: <b>Support</b>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City				-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City				-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City				-

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

PAGE TOTAL  
**\$ 3812.14**