

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 367												
City: Horsham					State: PA		Zip Code: 19041					
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 checked="" type="checkbox"/>					
	6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/> ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	ANNUAL REPORT ^{7.}		YEAR: 2017		FILING METHOD () CHECK ONE ▶		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 11 7 2017		40		REP	40		
										(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY			
			6 6 2017			9 18 2017						
A. Amount Brought Forward From Last Report						\$ 30,292.51						
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 5,750.00						
C. Total Funds Available (Sum of Lines A and B)						\$ 36,042.51						
D. Total Expenditures (From Schedule III)						\$ 3,898.09						
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 32,144.42						
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 day of NOTARIAL SEAL 2017

COMMONWEALTH OF PENNSYLVANIA
 Notary Public
 My Commission Expires Sept. 30, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting Report: Louis Spino
 Printed Name: Louis Spino
 Area Code: 215 Daytime Telephone Number: 852-8429

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 day of NOTARIAL SEAL 2017

COMMONWEALTH OF PENNSYLVANIA
 Notary Public
 My Commission Expires Sept. 30, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 6/6/17 To 9/18/17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	0
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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)	\$	5,750
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
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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.)	\$	5,750
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 6/6/17 To 9/18/17
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Area 2 Mailing Address: 1000 Condebra Dr. City: Stowe State: PA Zip Code (Plus 4): 19404	6	26	17	\$ 100.⁰⁰	Support
Materks Mailing Address: 307 Horsham Rd. City: Horsham State: PA Zip Code (Plus 4): 19044	6	28	17	\$ 34.⁵³	Meeting
Radisson Mailing Address: 1150 Camp Hill Bypass City: Camp Hill State: PA Zip Code (Plus 4): 17011	7	13	17	\$ 42.⁰⁰	event
PRCEF Mailing Address: 624 Hazelhurst Rd. City: Menon Station State: PA Zip Code (Plus 4): 19066	7	19	17	\$ 300.⁰⁰	Support
ETC Foundation Mailing Address: 929 Horsham Rd City: Horsham State: PA Zip Code (Plus 4): 19044	7	20	17	\$ 1,000.⁰⁰	Support
Carmines Mailing Address: 1301 W Skippack Pike City: Blue Bell State: PA Zip Code (Plus 4): 19422	7	24	17	\$ 21.⁵⁰	meeting
William Donnelly Mailing Address: PO Box 367 City: Horsham State: PA Zip Code (Plus 4): 19044	9	11	17	\$ 50.⁰⁰	reimbursement/fund event
MCIC Mailing Address: 800 Penllyn Blue Bell Pk. #240 City: Blue Bell State: PA Zip Code (Plus 4): 19422				\$ 1,250.⁰⁰	Support

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

PAGE TOTAL \$2,798.09

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Dannelly	Reporting Period From 6/10/17 To 9/18/17
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To Whom Paid	MO.	DAY	YEAR	Amount
Friends of Tom Ranzer	9	18	17	\$ 100.⁰⁰
Mailing Address PO Box 123	Description of Expenditure support			
City Doylestown	State PA	Zip Code (Plus 4) 18901		
Friends of Christine Fizzano Connon	9	18	17	\$ 1,000.⁰⁰
Mailing Address 323 W Front St.	Description of Expenditure support			
City Media	State PA	Zip Code (Plus 4) 19063		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 1,100.⁰⁰