

Filer Identification Number: ---> n/a		Report Filed By: -> CANDIDATE ^{1.}		COMMITTEE ^{2.} X		LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist Citizens for Donnelly										
Street Address P.O. Box 367										
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	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6. X	Termination Report?	YES	NO	X
	Annual Report	7.	Year -->	2010	Filing Method Check One -->		Paper	X	Diskette	
Name of Office Sought by Candidate				Date of Election Month-Day-Year 11-02-10		District Number 46	Office Code	Party Code REP	County Code 46	
(see instructions for codes)										

Summary of Receipts and Expenditures from: >	Month-Day-Year	To	Month-Day-Year	FOR OFFICE USE ONLY ✓ OFFICE OF VOTER SERVICES MONTGOMERY COUNTY 2010 NOV 29 PM 11:15 RECEIVED
	10-19-10		11-22-10	
A. Amount Brought Forward From Last Report				\$42,743.67
B. Total Monetary Contributions and Receipts (From Schedule I)				\$9,500.00
C. Total Funds Available (Sum of Lines A and B)				\$52,243.67
D. Total Expenditures (From Schedule III)				\$3,397.05
E. Ending Cash Balance (Subtract Line D from Line C)				\$48,846.62
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

<p><u>26</u> day of <u>November</u> 20 <u>10</u></p> <p><u>Patricia A. Surgener</u></p> <p>Signature</p>	<p><u>Peter Surgener</u></p> <p>Signature of Person Submitting Report Peter Surgener</p> <p>Printed Name</p> <p><u>215</u> <u>343-4806</u></p> <p>Area Code Daytime Telephone Number</p>
--	---

NOT A SEAL
My commission expires 2 20 2011
MO. DAY YR.

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

<p>____ day of _____ 20 ____</p> <p>_____ Signature</p> <p>My commission expires _____ MO. DAY YR.</p>	<p>_____ Signature of Candidate</p> <p>_____ Printed Name</p> <p>_____ Area Code</p> <p>_____ Daytime Telephone Number</p>
--	--

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>
---	---

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)	-- 0 --
All Other Contributions (Part D)	\$9,500.00
TOTAL for the Reporting Period (3)	\$9,500.00

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.)	\$9,500.00
---	-------------------

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 Citizens for Donnelly				Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>	
				DATE	AMOUNT
Full Name of Contributor Dianne C. Magee				Month-Day-Year 10-30-2010	
Mailing Address 19 John Dyer Way				Month-Day-Year	
City Doylestown		State PA	Zip Code (Plus 4) 18901	Month-Day-Year	
Employer Name Grim, Biehn & Thatcher			Occupation Attorney		
Employer Mailing Address/Principal Place of Business P.O. Box 215, Perkasio, PA 18944					
Full Name of Contributor David P. Caro				Month-Day-Year 10-30-2010	
Mailing Address 528 Penny Lane				Month-Day-Year	
City Perkasie		State PA	Zip Code (Plus 4) 18944	Month-Day-Year	
Employer Name Grim, Biehn & Thatcher			Occupation Attorney		
Employer Mailing Address/Principal Place of Business P.O. Box 215, Perkasio, PA 18944					
Full Name of Contributor Steven A. Hann				Month-Day-Year 10-30-2010	
Mailing Address 1542 Blueberry Court				Month-Day-Year	
City Jamison		State PA	Zip Code (Plus 4) 18929	Month-Day-Year	
Employer Name Self Employed			Occupation Attorney		
Employer Mailing Address/Principal Place of Business same as above					
Full Name of Contributor Carl Weiner				Month-Day-Year 10-30-2010	
Mailing Address 1015 Pheasant Meadow Road				Month-Day-Year	
City Blue Bell		State PA	Zip Code (Plus 4) 19422	Month-Day-Year	
Employer Name Hamburg, Rubin, Mullin			Occupation attorney		
Employer Mailing Address/Principal Place of Business 375 Morris Road, Lansdale, PA 19446					
Full Name of Contributor J. Edmund Mullin				Month-Day-Year 10-30-2010	
Mailing Address 375 Morris Rd., P.O. Box 1479				Month-Day-Year	
City Lansdale		State PA	Zip Code (Plus 4) 19446	Month-Day-Year	
Employer Name Hamburg, Rubin, Mullin			Occupation attorney		
Employer Mailing Address/Principal Place of Business 375 Morris Rd., Lansdale, PA 19446					

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

Page Total \$5,500.00

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 Citizens for Donnelly				Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>	
				DATE	AMOUNT
Full Name of Contributor Alberto Vennettilli				Month-Day-Year 10-24-2010	\$475.00
Mailing Address 59 Stone Hill Drive				Month-Day-Year	
City Pottstown	State PA	Zip Code (Plus 4) 19464	Month-Day-Year		
Employer Name CARROLL ENGINEERING			Occupation ENGINEER		
Employer Mailing Address/Principal Place of Business 949 EASTON RD, WARRINGTON, PA 18976					
Full Name of Contributor Thomas Gockowski				Month-Day-Year 11-02-2010	\$450.00
Mailing Address 244 Holly Drive				Month-Day-Year	
City Chalfont	State PA	Zip Code (Plus 4) 18914	Month-Day-Year		
Employer Name Carroll Engineering			Occupation engineer		
Employer Mailing Address/Principal Place of Business 949 Easton Rd., Warrington, PA 18976					
Full Name of Contributor Thomas A. Watkins				Month-Day-Year 10-26-2010	\$300.00
Mailing Address 949 Easton Road				Month-Day-Year	
City Warrington	State PA	Zip Code (Plus 4) 18976	Month-Day-Year		
Employer Name Carroll Engineering			Occupation engineer		
Employer Mailing Address/Principal Place of Business 949 Easton Road, Warrington, PA 18976					
Full Name of Contributor Joel, H Ardman				Month-Day-Year 11-02-2010	\$475.00
Mailing Address 3047 Conrad Way				Month-Day-Year	
City Lansdale	State PA	Zip Code (Plus 4) 19446	Month-Day-Year		
Employer Name Carroll Engineering			Occupation Engineer		
Employer Mailing Address/Principal Place of Business WARRINGTON PA 18976					
Full Name of Contributor Steven Gilmore				Month-Day-Year 11-03-2010	\$2,000.00
Mailing Address 350 E Butler Pike				Month-Day-Year	
City New Britian	State PA	Zip Code (Plus 4) 18901	Month-Day-Year		
Employer Name Carroll Engineering			Occupation engineer		
Employer Mailing Address/Principal Place of Business Warrington, PA					

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

Page Total
\$3,700.00

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 Citizens for Donnelly	Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>
---	---

	DATE	AMOUNT
Full Name of Contributor Matthew M Garber	Month-Day-Year 11-03-2010	\$300.00
Mailing Address 97 Byers Rd	Month-Day-Year	
City Ottsville	State PA	Zip Code (Plus 4) 18942
Month-Day-Year	Month-Day-Year	
Employer Name <i>CARROLL ENGINEERING</i>	Occupation <i>ENGINEER</i>	
Employer Mailing Address/Principal Place of Business <i>WARRINGTON, PA 18934</i>		
Full Name of Contributor	Month-Day-Year	
Mailing Address	Month-Day-Year	
City	State	Zip Code (Plus 4)
Month-Day-Year	Month-Day-Year	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	Month-Day-Year	
Mailing Address	Month-Day-Year	
City	State	Zip Code (Plus 4)
Month-Day-Year	Month-Day-Year	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	Month-Day-Year	
Mailing Address	Month-Day-Year	
City	State	Zip Code (Plus 4)
Month-Day-Year	Month-Day-Year	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	Month-Day-Year	
Mailing Address	Month-Day-Year	
City	State	Zip Code (Plus 4)
Month-Day-Year	Month-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 \$300.00

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

Use this Schedule to report all In-Kind Contributions of Valuable Things during the Reporting Period

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.00 or LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	-- 0 --

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	-- 0 --

3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	-- 0 --

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	-- 0 --
--	---------

Schedule III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From <u>10-19-10</u> To <u>11-22-10</u>
---	---

To Whom Paid Friends of Todd Stephens			Month-Day-Year 11-10-2010	Amount \$2,500.00
Mailing Address P.O. Box 95			Description of Expenditure Campaign support	
City Horsham	State PA	Zip Code (Plus 4) 19044		
To Whom Paid Shores Resort			Month-Day-Year 11-10-2010	Amount \$227.72
Mailing Address 2637 S Atlantic ave			Description of Expenditure convention	
City Daytona Beach	State FL	Zip Code (Plus 4) 32118		
To Whom Paid US Airways			Month-Day-Year 10-25-2010	Amount \$584.20
Mailing Address Phila. Airport			Description of Expenditure convention	
City Phila	State PA	Zip Code (Plus 4) 19101		
To Whom Paid Wine & Spirits Shop			Month-Day-Year 10-25-2010	Amount \$20.13
Mailing Address Street Road			Description of Expenditure Convention	
City Warrington	State PA	Zip Code (Plus 4) 18976		
To Whom Paid Tressler Retirement			Month-Day-Year 11-20-2010	Amount \$65.00
Mailing Address Johnson Hwy			Description of Expenditure Retirement	
City Noristown	State pa	Zip Code (Plus 4) 19404		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-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 \$3,397.05
