

# 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: <span style="float:right">▶</span>		Report Filed By: <span style="float:right">▶</span>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup>		LOBBYIST <sup>3.</sup>			
Name of Filing Committee, Candidate or Lobbyist: <b>Citizens for Donnelly</b>											
Street Address: <b>Po Box 367</b>											
City: <b>Horsham</b>				State: <b>PA</b>		Zip Code: <b>19044-</b>					
TYPE OF REPORT  (place X to the right of report type)	1. 8TH TUESDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY		3. 30 DAY POST PRIMARY		4. ASSIGNMENT REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	4. 9TH TUESDAY PRE-ELECTION		5. 2ND FRIDAY PRE-ELECTION		6. 30 DAY POST ELECTION		7. TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	7. ANNUAL REPORT		YEAR <b>2012</b>		FILING METHOD <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE						
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO. DAY YEAR		<b>46</b>		<b>REP</b>	<b>46</b>	
					<b>11 6 2012</b>		(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from: <span style="float:right">▶</span>			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY  RECEIVED DEC 6 P 3:47 OFFICE OF THE SHERIFF OF MONTGOMERY COUNTY		
			<b>4 10 2012</b>			<b>To 10 22 2012</b>					
A. Amount Brought Forward From Last Report				\$ <b>22453.83</b>							
B. Total Monetary Contributions and Receipts (From Schedule II)				\$ <b>22489.20</b>							
C. Total Funds Available (Sum of Lines A and B)				\$ <b>44943.03</b>							
D. Total Expenditures (From Schedule III)				\$ <b>13769.01</b>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <b>31174.02</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 4<sup>th</sup> day of December 2012

**COMMONWEALTH OF PENNSYLVANIA**  
Notary Seal  
**Michelle I. Sepulveda, Notary Public**  
Horsham Twp., Montgomery County  
My Commission Expires Sept. 30, 2015  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
My commission expires MO. DAY YR.

*Peter Surgenor*  
Signature of Person Submitting Report  
**Peter Surgenor**  
Printed Name  
267 613-8494  
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 4<sup>th</sup> day of December 2012

**COMMONWEALTH OF PENNSYLVANIA**  
Notary Seal  
**Michelle I. Sepulveda, Notary Public**  
Horsham Twp., Montgomery County  
My Commission Expires Sept. 30, 2015  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
My commission expires MO. DAY YR.

*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 <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>6/30/12</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period</b> (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>3000.<sup>00</sup></b>
<b>TOTAL for the Reporting Period</b> (2)	\$ <b>3000.<sup>00</sup></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>19489.20</b>
<b>TOTAL for the Reporting Period</b> (3)	\$ <b>19489.20</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
<b>TOTAL for the Reporting Period</b> (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>22,489.20</b>
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## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period/ From 4/10/12 To 10/31/12
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			DATE	AMOUNT
Full Name of Contributor Matthew/Shawn Garber			5 15 12	\$ 200.00
Mailing Address 97 Byers Rd.			5 29 12	\$ 100.00
City Ottsville	State PA	Zip Code (Plus 4) 18942 -	10 15 12	\$ 100.00
Full Name of Contributor Alberto/Toni Vennettilli			5 15 12	\$ 100.00
Mailing Address 59 Stone Hill Dr.			5 29 12	\$ 100.00
City Pottstown	State PA	Zip Code (Plus 4) 19404 -	10 15 12	\$ 150.00
Full Name of Contributor John/Barbara Swenson			5 15 12	\$ 100.00
Mailing Address 36 Viewpoint Dr.			5 29 12	\$ 100.00
City Lewistown	State PA	Zip Code (Plus 4) 19054 -	10 15 12	\$ 100.00
Full Name of Contributor Joel/Susan Ardman			5 15 12	\$ 100.00
Mailing Address 3047 Conrad Way			5 29 12	\$ 100.00
City Lansdale	State PA	Zip Code (Plus 4) 19446 -	10 15 12	\$ 150.00
Full Name of Contributor Kathleen/Allen Mason			5 15 12	\$ 100.00
Mailing Address PO Box 775			5 29 12	\$ 200.00
City Montgomeryville	State PA	Zip Code (Plus 4) 18936 -	10 15 12	\$ 100.00
Full Name of Contributor Thomas/Stella Watkins			5 15 12	\$ 200.00
Mailing Address 944 Easton Rd.			5 29 12	\$ 100.00
City Warrington	State PA	Zip Code (Plus 4) -	10 15 12	\$ 100.00
Full Name of Contributor Thomas/Nancy Eockowski			5 15 12	\$ 100.00
Mailing Address 244 Holly Dr.			5 29 12	\$ 200.00
City Chalfont	State PA	Zip Code (Plus 4) 18914 -	10 15 12	\$ 150.00
Full Name of Contributor Kenneth Heydt/Cynthia Bilous			5 15 12	\$ 100.00
Mailing Address 27 Tice Ln.			5 29 12	\$ 100.00
City Perkasie	State PA	Zip Code (Plus 4) 18944 -	10 15 12	\$ 150.00

PAGE TOTAL

\$ 3,000.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

**PART D  
ALL OTHER CONTRIBUTIONS**

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**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 <b>Citizens for Donnelly</b>	Reporting Period From <b>4/1/12</b> To <b>12/31/12</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>USA Arnold</b>	7	9	12	\$ 489.20
Mailing Address <b>47 S. Fifth Ave.</b>				\$
City <b>Lebanon</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17042 -</b>		\$
Employer Name <b>Lebanon County</b>	Occupation <b>Prothonotary / Clerk of Court</b>			
Employer Mailing Address/Principal Place of Business <b>4005 8<sup>th</sup> St. Lebanon PA 17042</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Joel / Susan Araman</b>	8	29	12	\$ 500.00
Mailing Address <b>3047 Conrad way</b>				\$
City <b>Lansdale</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446 -</b>		\$
Employer Name <b>Individual</b>	Occupation <b>NA</b>			
Employer Mailing Address/Principal Place of Business <b>same</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Matthew Shawn Geiber</b>	8	29	12	\$ 500.00
Mailing Address <b>97 Byers Rd.</b>				\$
City <b>OHsville</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18942 -</b>		\$
Employer Name <b>Individual</b>	Occupation <b>NA</b>			
Employer Mailing Address/Principal Place of Business <b>same</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Thomas/Stella Watkins</b>	8	29	12	\$ 500.00
Mailing Address <b>949 Easton Rd.</b>				\$
City <b>Warrington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		\$
Employer Name <b>Carroll Engineering</b>	Occupation			
Employer Mailing Address/Principal Place of Business <b>949 Easton Rd. Warrington PA 18976</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>John / Barbara Swenson</b>	8	29	12	\$ 500.00
Mailing Address <b>310 Viewpoint Dr.</b>				\$
City <b>Levi Town</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19054 -</b>		\$
Employer Name <b>Individual</b>	Occupation			
Employer Mailing Address/Principal Place of Business <b>same</b>				

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

PAGE TOTAL  
**\$ 2489.20**

**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 <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>10/1/12</b>
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Full Name of Contributor	DATE	AMOUNT
<b>DBY Partnership</b>	<b>9 24 12</b>	<b>\$ 2,000.<sup>00</sup></b>
Mailing Address <b>1800 Pennbrook Pkwy Ste. 200</b>	MO: DAY: YEAR:	\$
City <b>Lansdale</b> State <b>PA</b> Zip Code (Plus 4) <b>19446-</b>	MO: DAY: YEAR:	\$
Employer Name <b>Same</b>	Occupation <b>Firm</b>	
Employer Mailing Address/Principal Place of Business <b>Same</b>		

<b>J Edmund/Bernadette Mullin</b>	<b>10 22 12</b>	<b>\$ 1,000.<sup>00</sup></b>
Mailing Address <b>PO Box 1479</b>	MO: DAY: YEAR:	\$
City <b>Lansdale</b> State <b>PA</b> Zip Code (Plus 4) <b>19446 -</b>	MO: DAY: YEAR:	\$
Employer Name <b>Hamburga Rubin Mullin</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>375 Moms Rd. Lansdale PA 19446</b>		

<b>Carl/Teri Weiner</b>	<b>10 22 12</b>	<b>\$ 1,000.<sup>00</sup></b>
Mailing Address <b>1015 Pheasant Meadow</b>	MO: DAY: YEAR:	\$
City <b>Blue Bell</b> State <b>PA</b> Zip Code (Plus 4) <b>19422 -</b>	MO: DAY: YEAR:	\$
Employer Name <b>Hamburga Rubin Mullin</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>375 Moms Rd Lansdale PA 19446</b>		

<b>Christen Gilmore Proazio</b>	<b>10 22 12</b>	<b>\$ 500.<sup>00</sup></b>
Mailing Address <b>PO Box 1479</b>	MO: DAY: YEAR:	\$
City <b>Lansdale</b> State <b>PA</b> Zip Code (Plus 4) <b>19446 -</b>	MO: DAY: YEAR:	\$
Employer Name <b>Hamburga Rubin Mullin</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>375 Moms Rd. Lansdale PA 19446</b>		

<b>Dianne C. Mcbee</b>	<b>10 22 12</b>	<b>\$ 2500.<sup>00</sup></b>
Mailing Address <b>19 John Dyer way</b>	MO: DAY: YEAR:	\$
City <b>Duylstown</b> State <b>PA</b> Zip Code (Plus 4) <b>18902 -</b>	MO: DAY: YEAR:	\$
Employer Name <b>G.M. Brenn + Tratcher</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>PO Box 215 Perkasie PA 18944</b>		

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

PAGE TOTAL  
**\$ 9,000.<sup>00</sup>**

**PART D  
ALL OTHER CONTRIBUTIONS**

PAGE 6 OF 17

**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 <b>Citizens for Donnelly</b>	Reporting Period From <u>4/10/12</u> To <u>12/31/12</u>
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	DATE	AMOUNT
Full Name of Contributor <b>John/Mary Eberle</b>	10 22 12	\$ 500. <sup>00</sup>
Mailing Address <b>2002 W. Rock Rd.</b>		
City <b>Perkasie</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18944</b>
Employer Name <b>Sam Bienna + Thatcher</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>P.O. Box 215 Perkasie PA 18944</b>		
Full Name of Contributor <b>Merle/Stephen Schwartz</b>	12 22 12	\$ 500. <sup>00</sup>
Mailing Address <b>101 Duchess Pl.</b>		
City <b>North Wales</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19454 -</b>
Employer Name <b>Hamburga Rubin Mullin</b>	Occupation <b>Attorney</b>	
Employer Mailing Address/Principal Place of Business <b>275 Mams Rd. Lansdale PA 19446</b>		
Full Name of Contributor <b>Daniel/Hendrika Paci</b>	4 16 12	\$ 2000. <sup>00</sup>
Mailing Address <b>P.O. Box 57A</b>		
City <b>Silverdale</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18902 -</b>
Employer Name <b>Individual</b>	Occupation	
Employer Mailing Address/Principal Place of Business <b>Same</b>		
Full Name of Contributor <b>Mark Kelly Himsworth</b>	4 16 12	\$ 500. <sup>00</sup>
Mailing Address <b>205 Joan Dr.</b>		
City <b>Trappe</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19426 -</b>
Employer Name <b>Hamburga Rubin Mullin</b>	Occupation	
Employer Mailing Address/Principal Place of Business <b>275 Mams Rd. Lansdale PA 19446</b>		
Full Name of Contributor <b>Steven Gilmore</b>	4 16 12	\$ 3500. <sup>00</sup>
Mailing Address <b>350 Butler Ave</b>		
City <b>New Britain</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18901 -</b>
Employer Name <b>Carroll Engineering</b>	Occupation	
Employer Mailing Address/Principal Place of Business <b>Warminster PA</b>		

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

PAGE TOTAL  
**\$ 7500.<sup>00</sup>**

**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 <b>Citizens for Connelly</b>	Reporting Period From <b>4/10/12</b> to <b>12/2/12</b>
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	DATE	AMOUNT
Full Name of Contributor <b>Dale Caya</b>	MO: DAY: YEAR: <b>4 24 12</b>	\$ <b>500.<sup>00</sup></b>
Mailing Address <b>1 Linden Cir.</b>	MO: DAY: YEAR:	\$
City <b>Sellersville</b> State <b>PA</b> Zip Code (Plus 4) <b>18960-</b>	MO: DAY: YEAR:	\$
Employer Name <b>Individual</b>	Occupation	
Employer Mailing Address/Principal Place of Business <b>Same</b>		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: 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  
\$ **500.<sup>00</sup>**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>4/10/12</u> To <u>10/1/12</u>
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To Whom Paid <b>PJ Wheelhans</b>	MO	DA	YEAR	Amount \$ <b>28.80</b>
Mailing Address <b>853 E Lancaster Ave</b>	Description of Expenditure <b>Meeting</b>			
City <b>Downingtown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19335-</b>		

To Whom Paid <b>Friends of Chuck McElhinney</b>	MO	DA	YEAR	Amount \$ <b>120.00</b>
Mailing Address <b>PO Box 2014</b>	Description of Expenditure <b>Event</b>			
City <b>Doulestown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18901-</b>		

To Whom Paid <b>Bill Donnelly</b>	MO	DA	YEAR	Amount \$ <b>102.29</b>
Mailing Address <b>PO Box 367</b>	Description of Expenditure <b>Reimburse</b>			
City <b>Horsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>		

To Whom Paid <b>mccrww</b>	MO	DA	YEAR	Amount \$ <b>105.00</b>
Mailing Address <b>PO Box 510</b>	Description of Expenditure <b>Support</b>			
City <b>Lafayette Hill</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DA	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  
**\$ 316.09**



STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>10/31/12</b>
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To Whom Paid <b>03rd Ward Rep. Comm.</b>	MO	DA	YR	AMOUNT
Mailing Address <b>8932 Alicia St.</b>	Description of Expenditure <b>Event</b>			
City <b>Philadelphia</b> State <b>PA</b> Zip Code (Plus 4) <b>19115-</b>				
Amount <b>\$ 50.00</b>				

To Whom Paid <b>Wawa</b>	MO	DA	YR	AMOUNT
Mailing Address <b>1510 Easton Rd.</b>	Description of Expenditure <b>fuel</b>			
City <b>Horsham</b> State <b>PA</b> Zip Code (Plus 4) <b>19044-</b>				
Amount <b>\$ 104.92</b>				

To Whom Paid <b>American Airlines</b>	MO	DA	YR	AMOUNT
Mailing Address <b>PO Box 619612 MD 2400</b>	Description of Expenditure <b>Convention</b>			
City <b>DFW Airport</b> State <b>TX</b> Zip Code (Plus 4) <b>75261-</b>				
Amount <b>\$ 489.20</b>				

To Whom Paid <b>American Airlines</b>	MO	DA	YR	AMOUNT
Mailing Address <b>PO BOX 619612 MD 2400</b>	Description of Expenditure <b>Convention</b>			
City <b>DFW Airport</b> State <b>TX</b> Zip Code (Plus 4) <b>75261-</b>				
Amount <b>\$ 489.20</b>				

To Whom Paid <b>American Airlines</b>	MO	DA	YR	AMOUNT
Mailing Address <b>PO BOX 619612 MD 2400</b>	Description of Expenditure <b>Convention</b>			
City <b>DFW Airport</b> State <b>TX</b> Zip Code (Plus 4) <b>75261-</b>				
Amount <b>\$ 47.00</b>				

To Whom Paid <b>American Airlines</b>	MO	DA	YR	AMOUNT
Mailing Address <b>PO BOX 619612 MD 2400</b>	Description of Expenditure <b>Convention</b>			
City <b>DFW Airport</b> State <b>TX</b> Zip Code (Plus 4) <b>75261-</b>				
Amount <b>\$ 47.00</b>				

To Whom Paid <b>PNC</b>	MO	DA	YR	AMOUNT
Mailing Address <b>1801 Market St.</b>	Description of Expenditure <b>service charge</b>			
City <b>Philadelphia</b> State <b>PA</b> Zip Code (Plus 4) <b>19103-</b>				
Amount <b>\$ 6.00</b>				

To Whom Paid <b>PAFCC</b>	MO	DA	YR	AMOUNT
Mailing Address <b>2304 E. Fairmont St.</b>	Description of Expenditure <b>conference</b>			
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18109-</b>				
Amount <b>\$ 150.00</b>				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 1343.32</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>10/1/12</b>
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To Whom Paid <b>US Airways</b>	MO <b>6</b>	DA <b>21</b>	YR <b>12</b>	Amount <b>\$ 331.60</b>
Mailing Address <b>400 E. Sky Harbor Blvd.</b>				
Description of Expenditure <b>Conference expense</b>				
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code (Plus 4) <b>85034</b>		

To Whom Paid <b>US Airways</b>	MO <b>6</b>	DA <b>21</b>	YR <b>12</b>	Amount <b>\$ 331.60</b>
Mailing Address <b>400 E. Sky Harbor Blvd</b>				
Description of Expenditure <b>Conference expense</b>				
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code (Plus 4) <b>85034-</b>		

To Whom Paid <b>US Airways</b>	MO <b>6</b>	DA <b>21</b>	YR <b>12</b>	Amount <b>\$ 158.00</b>
Mailing Address <b>400 E. Sky Harbor Blvd.</b>				
Description of Expenditure <b>conference expense</b>				
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code (Plus 4) <b>85034</b>		

To Whom Paid <b>Travel Ins. Policy/US Air</b>	MO <b>6</b>	DA <b>21</b>	YR <b>12</b>	Amount <b>\$ 31.50</b>
Mailing Address <b>400 E Sky Harbor Blvd</b>				
Description of Expenditure <b>Conference expense</b>				
City <b>Phoenix</b>	State <b>PA</b>	Zip Code (Plus 4) <b>85034-</b>		

To Whom Paid <b>IACREOT</b>	MO <b>6</b>	DA <b>22</b>	YR <b>12</b>	Amount <b>\$ 375.00</b>
Mailing Address <b>2400 Augusta Dr.</b>				
Description of Expenditure <b>Conference expense</b>				
City <b>Houston</b>	State <b>TX</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>Edward Taylor Coombs Found.</b>	MO <b>6</b>	DA <b>25</b>	YR <b>12</b>	Amount <b>\$ 1,000.00</b>
Mailing Address <b>929 Harsham Rd.</b>				
Description of Expenditure <b>donation</b>				
City <b>Harsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>		

To Whom Paid <b>Southwest</b>	MO <b>6</b>	DA <b>26</b>	YR <b>12</b>	Amount <b>\$ 110.00</b>
Mailing Address <b>PO Box 36647-1CR</b>				
Description of Expenditure <b>conference expense</b>				
City <b>Dallas</b>	State <b>TX</b>	Zip Code (Plus 4) <b>75235-</b>		

To Whom Paid <b>2012 PA GOP Delegation</b>	MO <b>6</b>	DA <b>28</b>	YR <b>12</b>	Amount <b>\$ 800.00</b>
Mailing Address <b>112 State St.</b>				
Description of Expenditure <b>convention</b>				
City <b>Harrisburg</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17101-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 3137.70</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>6/30/12</b>
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To Whom Paid	MO	DAY	YEAR	Amount
American Airlines Mailing Address: PO BOX 619612 MD 2400 City: DFW Airport TX 75261-	6	28	12	\$ 25.00
Description of Expenditure: Conference				
American Airlines Mailing Address: PO BOX 619612 MD 2400 City: DFW Airport TX 75261-	6	28	12	\$ 25.00
Description of Expenditure: Conference				
Endways / Airport Mailing Address: Terminal B Gate 10 City: Dallas TX -	6	28	12	\$ 20.57
Description of Expenditure: Conference				
Hotel Andaluz Rest. Mailing Address: 152 2nd St. City: Albuquerque NM 87107	7	2	12	\$ 187.91
Description of Expenditure: Conference				
BRBR Mailing Address: 301 Central Ave NW City: Albuquerque NM 87102	7	7	12	\$ 17.38
Description of Expenditure: conference				
Blanco Tacos Mailing Address: 1116 N. Scottsdale Rd #601 City: Scottsdale AZ 85253-	7	3	12	\$ 69.02
Description of Expenditure: Conference				
Colonial Airport Parking Mailing Address: 630 S. Governor Printz Blvd City: Lester PA 19029-	7	3	12	\$ 48.00
Description of Expenditure: Conference				
US Airways Mailing Address: 400 E. Sky Harbor Blvd. City: Phoenix AZ 85034	7	3	12	\$ 25.00
Description of Expenditure: conference				

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

PAGE TOTAL  
**\$ 418.48**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>4/10/12</u> To <u>4/16/12</u>
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To Whom Paid <b>US Airways</b>	7   3   12	Amount \$ <b>25.00</b>
Mailing Address <b>400 E. Sky Harbor Blvd.</b>	Description of Expenditure <b>Conference</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code (Plus 4) <b>85034</b>

To Whom Paid <b>Los Cuates</b>	7   3   12	Amount \$ <b>21.12</b>
Mailing Address <b>4901 Lomas Blvd.</b>	Description of Expenditure <b>Conference</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code (Plus 4) <b>87102</b>

To Whom Paid <b>Huata Hotels</b>	7   5   12	Amount \$ <b>856.66</b>
Mailing Address <b>900 Louisiana Blvd.</b>	Description of Expenditure <b>Conference</b>	
City <b>Albuquerque</b>	State <b>NM</b>	Zip Code (Plus 4) <b>87102</b>

To Whom Paid <b>Bill Donnelly</b>	7   10   12	Amount \$ <b>109.00</b>
Mailing Address <b>PO Box 367</b>	Description of Expenditure <b>Reimburse</b>	
City <b>Horsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>

To Whom Paid <b>Michelle Sepulveda</b>	7   9   12	Amount \$ <b>50.00</b>
Mailing Address <b>25 N. Whitehall Rd.</b>	Description of Expenditure <b>Reimburse</b>	
City <b>Norristown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19403</b>

To Whom Paid <b>Hilton Garden Hamilton</b>	7   10   12	Amount \$ <b>171.35</b>
Mailing Address <b>800 US 130</b>	Description of Expenditure	
City <b>Hamilton</b>	State <b>NJ</b>	Zip Code (Plus 4) <b>08690</b>

To Whom Paid <b>Champs Sports Grill</b>	7   10   12	Amount \$ <b>52.24</b>
Mailing Address <b>205 Charlotte Dr.</b>	Description of Expenditure <b>Conference</b>	
City <b>Altoona</b>	State <b>PA</b>	Zip Code (Plus 4) <b>16601</b>

To Whom Paid <b>Bill Donnelly</b>	7   25   12	Amount \$ <b>46.00</b>
Mailing Address <b>PO Box 367</b>	Description of Expenditure <b>Reimburse</b>	
City <b>Horsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>

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

PAGE TOTAL <b>\$ 1331.37</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>1/1/13</b>
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To Whom Paid	MO	DA	YEAR	Amount
<b>Capones</b> Mailing Address: <b>224 W. Germantown PK.</b> City: <b>Easton PA</b> Zip Code (Plus 4): <b>19403</b>	<b>7</b>	<b>25</b>	<b>12</b>	<b>\$ 20.67</b>
Description of Expenditure: <b>Meeting</b>				
<b>Friends of Marcy Toepel</b> Mailing Address: <b>307 Hampton Cir.</b> City: <b>Gilbertsville PA</b> Zip Code (Plus 4): <b>19525</b>	<b>8</b>	<b>9</b>	<b>12</b>	<b>\$ 200.00</b>
Description of Expenditure: <b>Support</b>				
<b>Doubletree Hotel</b> Mailing Address: <b>4500 W. Cypress St.</b> City: <b>Tampa FL</b> Zip Code (Plus 4): <b>33607</b>	<b>8</b>	<b>15</b>	<b>12</b>	<b>\$ 200.00</b>
Description of Expenditure: <b>Convention</b>				
<b>Doubletree Hotel</b> Mailing Address: <b>4500 W. Cypress St.</b> City: <b>Tampa FL</b> Zip Code (Plus 4): <b>-</b>	<b>8</b>	<b>15</b>	<b>12</b>	<b>\$ 200.00</b>
Description of Expenditure: <b>Convention</b>				
<b>William Penn Inn</b> Mailing Address: <b>1017 Dekalb PK.</b> City: <b>Swynedd PA</b> Zip Code (Plus 4): <b>19436</b>	<b>8</b>	<b>20</b>	<b>12</b>	<b>\$ 100.05</b>
Description of Expenditure: <b>Meeting</b>				
<b>Doubletree Hotel</b> Mailing Address: <b>4500 W. Cypress St.</b> City: <b>Tampa FL</b> Zip Code (Plus 4): <b>-</b>	<b>8</b>	<b>27</b>	<b>12</b>	<b>\$ 1574.08</b>
Description of Expenditure: <b>Convention</b>				
<b>Berns Steakhouse</b> Mailing Address: <b>1200 S. Howard Ave</b> City: <b>Tampa FL</b> Zip Code (Plus 4): <b>33600</b>	<b>8</b>	<b>27</b>	<b>12</b>	<b>\$ 148.77</b>
Description of Expenditure: <b>Convention</b>				
<b>Stubhub</b> Mailing Address: <b>109 Fremont St. 4</b> City: <b>San Francisco CA</b> Zip Code (Plus 4): <b>94105</b>	<b>8</b>	<b>27</b>	<b>12</b>	<b>\$ 119.85</b>
Description of Expenditure: <b>ticket</b>				

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

PAGE TOTAL  
**\$ 2563.42**

**STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>4/10/12</u> To <u>10/1/12</u>
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To Whom Paid	MO	DAY	YEAR	Amount
Stubnwo Mailing Address 199 Freemont St. 4 City San Francisco State CA Zip Code (Plus 4) 94105	8	27	12	\$ 119.85
Description of Expenditure Ticket				
Chart House Mailing Address 700 W. Courtney Campbell City Tampa State FL Zip Code (Plus 4) 33607	8	27	12	\$ 117.50
Description of Expenditure Convention				
US Airways Mailing Address 400 E. Sky Harbor Blvd City Phoenix State AZ Zip Code (Plus 4) 85034	8	27	12	\$ 100.00
Description of Expenditure Convention				
US Airways Mailing Address 400 E. Sky Harbor Blvd. City Phoenix State AZ Zip Code (Plus 4) 85034	8	27	12	\$ 100.00
Description of Expenditure Convention				
Berns Steakhouse Mailing Address 1208 S. Howard Ave City Tampa State FL Zip Code (Plus 4) 33606	8	27	12	\$ 26.99
Description of Expenditure Convention				
Colonial Rep. Comm. Mailing Address 619 Maple St. City Conshohocken State PA Zip Code (Plus 4) 19428	8	31	12	\$ 250.00
Description of Expenditure Event				
Payless Car Rental Mailing Address 1965 N. Westshore Blvd City Tampa State FL Zip Code (Plus 4) 33607	9	4	12	\$ 477.04
Description of Expenditure Convention				
Doubletree Hotel Mailing Address 4500 W. Cypress St. City Tampa State FL Zip Code (Plus 4) 33607	9	4	12	\$ 275.77
Description of Expenditure Convention				

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

PAGE TOTAL  
**\$ 1467.15**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Citizens for Donnelly</u>	Reporting Period From <u>4/10/12</u> To <u>04/11/12</u>
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To Whom Paid	MO	DAY	YEAR	Amount
Colonial Airport Parking 630 S. Governor Printz Blvd. Lester PA 19024	4	4	12	\$ 64.80
Description of Expenditure Convention				
Frescos Waterfront Bistro 300 2 <sup>nd</sup> Ave NE Saint Peter FL 33901	4	4	12	\$ 46.07
Description of Expenditure Convention				
The UPS Store 405 S. Dale Mabry Tampa FL -	4	4	12	\$ 33.00
Description of Expenditure Convention				
Shell Oil 5935 Memorial Highway Tampa FL -	4	4	12	\$ 31.31
Description of Expenditure Convention				
US Airways 400 E. Sky Harbor Blvd Tampa FL 33604	4	4	12	\$ 25.00
Description of Expenditure Convention				
US Airways 400 E. Sky Harbor Blvd. Tampa FL 33604	4	4	12	\$ 25.00
Description of Expenditure Convention				
The UPS Store 405 S. Dale Mabry Tampa FL 33604	4	4	12	\$ 22.80
Description of Expenditure Convention				
Flat Bread 3225 S. MacDill Ave. Tampa FL 33604	4	4	12	\$ 10.15
Description of Expenditure Convention				

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

PAGE TOTAL  
\$ 258.13

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>4/10/12</u> To <u>12/1/12</u>
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To Whom Paid <b>Parking</b>	9   4   12	Amount \$ <b>3.35</b>
Mailing Address <b>107 N. Franklin St</b>	Description of Expenditure <b>convention</b>	
City <b>Tampa</b>	State <b>FL</b>	Zip Code (Plus 4) <b>33607-</b>

To Whom Paid <b>Whitpain GOP</b>	9   21   12	Amount \$ <b>55.00</b>
Mailing Address <b>50 Highgate Ln</b>	Description of Expenditure <b>support</b>	
City <b>Blue Bell</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19422</b>

To Whom Paid <b>Peter Surgenor</b>	10   4   12	Amount \$ <b>800.00</b>
Mailing Address <b>6401 Lilac Ct.</b>	Description of Expenditure <b>Convention</b>	
City <b>Lansdale</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446</b>

To Whom Paid <b>Friends of Nick Mattiacci</b>	10   9   12	Amount \$ <b>50.00</b>
Mailing Address <b>1218 Ferny Hill Rd.</b>	Description of Expenditure <b>Support</b>	
City <b>Rydal</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19086</b>

To Whom Paid <b>Chester County Rep. Comm.</b>		Amount \$ <b>250.00</b>
Mailing Address <b>15 S. Church St.</b>	Description of Expenditure <b>Event</b>	
City <b>West Chester</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19380-</b>

To Whom Paid <b>Montco Young Reps.</b>	10   16   12	Amount \$ <b>90.00</b>
Mailing Address <b>628 Laurel Rd.</b>	Description of Expenditure <b>Support</b>	
City <b>Plumtown Meeting</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19462-</b>

To Whom Paid <b>Springfield Twp. Rep. Comm.</b>	10   10   12	Amount \$ <b>35.00</b>
Mailing Address <b>PO Box 506</b>	Description of Expenditure <b>Support</b>	
City <b>Flourtown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19031-</b>

To Whom Paid <b>Municipality of Romstown</b>	10   17   12	Amount \$ <b>100.00</b>
Mailing Address <b>PO Box 1010</b>	Description of Expenditure <b>Event - Support ofe.</b>	
City <b>Romstown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404-</b>
		<b>Brad Fox</b>

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

PAGE TOTAL  
**\$ 1383.35**



# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>4/10/12</b> To <b>1/14/12</b>
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To Whom Paid <b>Friends of Todd Stephens</b>	MO	DA	YEAR	Amount \$ <b>1250.<sup>00</sup></b>
Mailing Address <b>300 E. Moreland Ave.</b>		Description of Expenditure <b>Support</b>		
City <b>Hatboro</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19040</b>		

To Whom Paid <b>MCRC</b>	MO	DA	YEAR	Amount \$ <b>300.<sup>00</sup></b>
Mailing Address <b>314 E Johnson Hwy. Ste. 200</b>		Description of Expenditure <b>support</b>		
City <b>Namistown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401-</b>		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DA	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ <b>1550.<sup>00</sup></b>
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