CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

(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	X	LOBBYIST	3.	
Name of Filing Committee Candidate or Lobbyist:			- <del>* ***********************************</del>			1/ \		1	
Street Addess:									
City CITY		· ·	State:		T 7:- 0-1				
Horsham			State: PA			zip 60de:   19044 -			
	RIDAY 2.		DAY ST PRIMARY	3.	AMENOMENT REPORT?	YES	NO	X	
8TH TUESDAY 4. 2ND F	RIDAY 5. ECTION	211	DAY ST ELECTION	6.	TERMINATION	YES	No	X	
the right of report type)  ANNUAL REPORT	O		IG METHOD CHECK ONE		PAPER	X	DISKETTE		
Name of Office Sought by Candidate:		91.1	ATE OF ELEC	****	District Offic			unty ode	
		MC	DAY YE	AR		P	GP 4	10	
			18 1	וטונ			TIONS FOR C	ODES)	
Summary of Receipts Mo. DAY	YEAR	MC	DAY YE	AR	FOR OF	FICE L	ISE ONLY		
and Expenditures from:	TO DICK	• 13	131120	2)(0					
A. Amount Brought Forward From Last Report	\$ (	<del>M</del>	379 H	O			20 <b>:</b>		
B. Total Monetary Contributions and Receipts (From :	Schedule I) \$	-1	$\cap$	<b>-</b> 2		•	<del>-</del> 70		
C. Total Funds Available (Sum of Lines A and B)	\$ (	40	379 71	^		$\Omega$	RECEIVED		
D. Total Expenditures (From Schedule III)	\$	<u>````</u>	5 9 3		က်က				
E. Ending Cash Balance (Subtract Line D from Line C	) \$	36	860.45	₹		i Cis			
F. Value of In-Kind Contributions Received (From Schedule II)			$\bigcirc$		- 700 2-17	)	ې. س		
G. Unpaid Debts and Obligations (From Schedule IV)									
	ASSIDAVIT	CECTIO							
PART I - If this is a Committee report treasurer s	AFFIDAVIT gn here. If thi	s is a (	andidate repo	ort, car	ndidate sign her	6			
I swear (or affirm) that this report, including the attached accorrect and complete.							and belief to	ue,	
Sworn to and subscriped before me this  HEOMMONWEALTHOOF PENNSYLVANIA	12.		1		7 -				
Michella L. Seibulvade, Notary Public	20 1		Signal	JE	un				
111 The web Two Moderating of the way of the	<u>.                                    </u>		Lau	5 5	Person Submitting	g Hepor	t	Ī	
MEMBER, PENNSYLVANIA SPOCIATION ON OMRIES  My commission expires	- (		215	P	rinted Name	Sci	130		
MD. DAY YR			Area Code	_	Daytime T	elephor	ne Number		
PART II Colf this to a report of a Candidate's Author	tion Committee		lidata abiili se-	C. War					
I swear (or affirm) that to the best of my knowledge and be (P.L. 1333, No. 320) as amended.	ief this political	committ	ee has not viole	ted any	provisions of the	e Act o	f June 3, 193	37	
Sworn to and subscribed before me this  COMMONWEALTH OF PENNSYLVANI	17		n Wa						
AND TARTAL SEAL 20 - When I be those the									
Milliam E. Donnelly									
My commission extender, PENNER VANIA ASSOCIATION OF NOTAF	ES		215 Area Code	Pr	inted Name 3 343 Daytime T	+ 8	OG Number		
					- 47 time 1		- Humbel		

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

### SCHEDULE I

PAGE 2 OF

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od (	
Citizens for Donnelly	From 112	1 IW	To 12/31/10
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	Rogalia i literifesi o .
TOTAL for the Reporting Period	d (1)	\$	0
2 CONTRIBUTIONS SECON TO SOME ON FROM BART A AND RART	n\.		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	18/		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	O
TOTAL for the Reporting Period	d (2)	\$	O
	· · · · · · · · · · · · · · · · · · ·		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	O
All Other Contributions (Part D)		\$	0
TOTAL for the Reporting Period	d (3)	\$	0
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	. (FROM	PART E)
TOTAL for the Reporting Period	d (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.)		\$	0

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate CITIZONS FOR DONNELLY	Reporting Period From 12910 To 123110
	MO. DAY YEAR Amount
Republican for ty of Pensylva Mailing Address	Mo. DAY YEAR Amount  1 29 0 \$  Description of Expenditure
IIIZ State Street	Description of Expenditure  Code (Plus 4)
Hamsbura PA 17	101-
ASNES	MO. DAY YEAR Amount \$ CO+CO.53
O Wantold (d.	Description of Expenditure
Souderton 194/18	Code (Plus 4)  HOCALS
To Whom Paid Wine + Spin 15	MO. DAY YEAR Amount (2)
Mailing Address Man St.	Description of Expenditure  CICCHW/Syppurt
llwammatin PA I's	Ala tooks
Bound Bourage Mailing Address Caston Ko.	MO. DAY YEAR Amount 9.82
308 Easton Ko.	Description of Expenditure
Wamatin #A 18	Code (Plus 4)
TW BOOW	MO: DAY YEAR AMOUNT 50
Mailing Address THO W. Street Rd.	Description of Expenditure
Warminister PA 15	Code (Plus 4)
WINE + Sorits	MO. DAY YEAR AMOUNT
Mailing Address MOUNST.	Description of Expenditure  CICCIM/SUPPLE
l	O Code (Plus 4)  HO
NT Transit	MO. DAY YEAR Amount  12 9 10 \$ 47, 20
85051001 ADC	Description of Expenditure
Hamilton 500	Code (Plus 4)
NYC Taxi	12 12 1U \$ 24, 90
Miling Address NI-00 Broodway	Description of Expenditura
	Code (Plus 4)
Enter Grand Total of Expenditures on Page 1, Rep	PAGE TOTAL 35

### SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Elica Campina and Campidate						
Name of Filing Committee or Candidate				Reporting	Period 1	10 10/2/3/10
Citizens to Dynaelly	1			FIGHT_V	11-11	10 10 10 1711
To Whom Paid			MQ.	DAY	YEAR	Amount
IN) Hotel		,	$\Box$	13	10	\$ 875,57
Mailing Address O AlbanySt				Stion of Exp	enditure	e expensi
City	State	Zip Code (Plus 4)				
TO Wham Baid Taxi			Mo.	. 12	YEAR	* 10.79
24-55 BQ West			Descrip	otion of Exp	enditure	e choense
Woodside	State	Zip Code (Plus 4)				
Hamilton Station Par	K		MO.	DAY	YEAR	Amount \$ 23.00
Mailing Address Sign Ave			Descri	MCC	enditure	L expense
City	State	Zip Code (Plus 4)				
To Whom Paid. TC/CF1000			MO.	DAY	YEAR	Amount 444.31
Malline Address WOlympic Bluc	<u>-</u>		Descri	otion of Exp	enditure	KINDO
	Ştate	Zip Code (Plus 4)			₩	ex 2
PNC WithON AND			MO.	DAY	YEAR	* 700.00
Mailing Address  STORY  (*Y.)			Descri	otion of Exp		BIMA
Winnation	β̈́̈́́́	Zip Code (Plus 4)				
bound beverge			MO.	DAY O	YEAR	Amount 399
308 Easten Ro			Descri	otion of Exp	than	Kupant
Wanton	State PA	Zip Code (Plus 4)		<b>.</b>	thon	
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descri	otion of Exp	enditure	3
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YE ⊲R	Amount
Mailing Address			Descri	otion of Exp	enditura	\$
City	State	Zip Code (Plus 4)	_			
• • • • • • • • • • • • • • • • • • • •	3.0.0					
Enter Grand Total of Expenditures on Page	se 1. i	Report Cover F	Page I	tem D		PAGE TOTAL 96