

Commonwealth of Pennsylvania
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 ^{1.} <input type="checkbox"/>	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Citizens for Donnelly						
Street Address: PO Box 367						
City: Horsham			State: PA	Zip Code: 19044		
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION ^{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 <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
			MO. DAY YEAR			
			5 6 2017	46		REP
						HE
(SEE INSTRUCTIONS FOR CODES)						

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY 2017 JUN 13 PM 3:24 RECEIVED OFFICE OF THE STATE ELECTIONS COMMISSION			
	5 2 2017		6 5 2017				
	A. Amount Brought Forward From Last Report	\$	31,743.31				
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0				
	C. Total Funds Available (Sum of Lines A and B)	\$	31,743.31				
	D. Total Expenditures (From Schedule III)	\$	1,450.80				
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	30,292.51				
	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 13th day of NOTARIAL SEAL 2017

COMMONWEALTH OF PENNSYLVANIA
 Michelle L. Sepulveda, Notary Public
 Horsham Twp., Montgomery County
 My Commission Expires 09/30/2019
 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 13th day of NOTARIAL SEAL 2017

COMMONWEALTH OF PENNSYLVANIA
 Michelle L. Sepulveda, Notary Public
 Horsham Twp., Montgomery County
 My Commission Expires 09/30/2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate: William E. Donnelly
 Printed Name: William E. Donnelly
 Area Code: 215 Daytime Telephone Number: 343-4800

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 5/2/17 To 6/5/17
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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)	\$ 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

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
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 5/21/17 To 6/15/17
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To Whom Paid	MO.	DAY	YEAR	Amount
Song House Tavern Mailing Address: 1032 N. Bethlehem Pl. City: Song House State: PA Zip Code (Plus 4): 19082	5	15	17	\$ 105.53
Description of Expenditure: Meeting				
Dunkin Donuts Mailing Address: 334 Easton Rd. City: Warrington State: PA Zip Code (Plus 4): -	5	16	17	\$ 26.50
Description of Expenditure: Election Day				
Abington Republican Org. Mailing Address: PO Box 615 City: Abington State: PA Zip Code (Plus 4): 19001	5	18	17	\$ 200.00
Description of Expenditure: Support				
Friends of Jim Song Mailing Address: 1422 Sandwood Rd. City: Plymouth Meeting State: PA Zip Code (Plus 4): 19462	5	19	17	\$ 500.00
Description of Expenditure: Support				
Bill Donnelly Mailing Address: PO Box 367 City: Horsham State: PA Zip Code (Plus 4): 19044	5	23	17	\$ 400.00
Description of Expenditure: Reimbursement				
Songfield GOP Mailing Address: PO Box 423 City: Songfield State: PA Zip Code (Plus 4): 19084	5	26	17	\$ 75.00
Description of Expenditure: Support				
Asners Mailing Address: 80 Wambold Rd City: Souderton State: PA Zip Code (Plus 4): -	5	30	17	\$ 53.77
Description of Expenditure: election help/hk				
Area 4 GOP Mailing Address: process of City: obtainine address State: PA Zip Code (Plus 4): -	5	30	17	\$ 40.00
Description of Expenditure: Support				

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

PAGE TOTAL
\$1400.80

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 5/21/17 To 6/15/17
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To Whom Paid	MO.	DAY	YEAR	Amount
TGO	6	3	17	\$ 50.00
Mailing Address 110 Horizon Dr. Ste. 210	Description of Expenditure membership/don.			
City Raleigh	State NC	Zip Code (Plus 4) 27615		
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				
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 \$ 50.00
