

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: ▶		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>Citizens for Donnelly</u>									
Street Address: <u>PO Box 347</u>									
City: <u>Horsham</u>				State: <u>PA</u>		Zip Code: <u>19044 -</u>			
TYPE OF REPORT (place X to the right of report type)	1. 5TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
	4. 8TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	6. 30 DAY POST ELECTION	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	
	7. ANNUAL REPORT	YEAR <u>2015</u>	FILING METHOD () CHECK ONE ▶		PAPER		DISKETTE		<input checked="" type="checkbox"/>
Name of Office Sought by Candidate: <u>PROTBY</u>				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR			
				<u>11</u>	<u>3</u>	<u>2015</u>	<u>410</u>		<u>REP 410</u>
(SEE INSTRUCTIONS FOR CODES)									
FOR OFFICE USE ONLY									
Summary of Receipts and Expenditures from: ▶			MO.	DAY	YEAR	To	MO.	DAY	YEAR
			<u>9</u>	<u>15</u>	<u>2015</u>		<u>10</u>	<u>19</u>	<u>2015</u>
A. Amount Brought Forward From Last Report		\$		<u>36,100.25</u>					
B. Total Monetary Contributions and Receipts (From Schedule II)		\$		<u>3,000.00</u>					
C. Total Funds Available (Sum of Lines A and B)		\$		<u>39,100.25</u>					
D. Total Expenditures (From Schedule III)		\$		<u>2,495.00</u>					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		<u>36,605.25</u>					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		<u>0</u>					
G. Unpaid Debts and Obligations (From Schedule IV)		\$		<u>0</u>					

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 20th day of October 2015

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Sharyn Donnelly, Notary Public
Horsham Twp, Montgomery County
My Commission Expires Nov. 8, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature: Sharyn Donnelly

My commission expires MO. 11 DAY 8 YR. 17

Signature of Person Submitting Report: Louis Spino

Printed Name: LOUIS SPINO

Area Code: 215 Daytime Telephone Number: 853-8429

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 Notarial Seal

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Sharyn Donnelly, Notary Public
Horsham Twp, Montgomery County
My Commission Expires Nov. 8, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature: Sharyn Donnelly

My commission expires MO. 11 DAY 8 YR. 17

Signature of Candidate: William C. Donnelly

Printed Name: William C. Donnelly

Area Code: 215 Daytime Telephone Number: 343-4806

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Citizens for Donnelly</u>	Reporting Period From <u>9/15/15</u> To <u>10/19/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>0</u>
TOTAL for the Reporting Period (2)	\$ <u>0</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>3,000.⁰⁰</u>
TOTAL for the Reporting Period (3)	\$ <u>3,000.⁰⁰</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <u>0</u>

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.)	\$ <u>3,000.⁰⁰</u>
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**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 <u>Citizens for Donnelly</u>	Reporting Period From <u>9/15/15</u> To <u>10/19/15</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<u>Carl Fern Wencer</u>				10	19	15	\$ 1,000. ⁰⁰
Mailing Address <u>1015 Pleasant Meadow Rd.</u>				MO.	DAY	YEAR	\$
City <u>Blue Bell</u>		State <u>PA</u>	Zip Code (Plus 4) <u>19422-</u>	MO.	DAY	YEAR	\$
Employer Name <u>HMMML</u>				Occupation <u>Attorney</u>			
Employer Mailing Address/Principal Place of Business <u>375 Moms Rd. Lansdale PA 19446</u>							
<u>Steve Hann</u>				10	19	15	\$ 1,000. ⁰⁰
Mailing Address <u>1542 Blueberry Ct.</u>				MO.	DAY	YEAR	\$
City <u>Jamison</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18929-</u>	MO.	DAY	YEAR	\$
Employer Name <u>HMMML</u>				Occupation <u>Attorney</u>			
Employer Mailing Address/Principal Place of Business <u>375 Moms Rd. Lansdale PA 19446</u>							
<u>J. Edmund Mullin</u>				10	19	15	\$ 1,000. ⁰⁰
Mailing Address <u>375 Moms Rd. PO Box 1479</u>				MO.	DAY	YEAR	\$
City <u>Lansdale</u>		State <u>PA</u>	Zip Code (Plus 4) <u>19446</u>	MO.	DAY	YEAR	\$
Employer Name <u>HMMML</u>				Occupation <u>Attorney</u>			
Employer Mailing Address/Principal Place of Business <u>375 Moms Rd. Lansdale PA 19446</u>							
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
\$ 3,000.⁰⁰

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 9/15/15 To 10/19/15
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To Whom Paid	MO.	DAY	YEAR	Amount
Blue Bell Inn Mailing Address: 4001 W. Shippack Pl. City: Blue Bell State: PA Zip Code (Plus 4): 19422	9	17	15	\$ 50.00
Description of Expenditure: Meeting				
Springfield Twp. Rep. Comm. Mailing Address: PO Box 566 City: Flowtown State: PA Zip Code (Plus 4): 19031	9	25	15	\$ 45.00
Description of Expenditure: Support				
MCRC Mailing Address: 820 Penlyn Blue Bell Pl. Ste. 240 City: Blue Bell State: PA Zip Code (Plus 4): 19422	9	25	15	\$ 250.00
Description of Expenditure: Fall Reception				
Comm. to Reelect Mary Smithson Mailing Address: 16 Pheasant Run Rd. City: New Hope State: PA Zip Code (Plus 4): 18938	9	28	15	\$ 100.00
Description of Expenditure: Support				
Friends of Dr. Phil Mailing Address: 820 Penlyn Blue Bell Pl. Ste. 240 City: Blue Bell State: PA Zip Code (Plus 4): 19422	9	28	15	\$ 50.00
Description of Expenditure: Support				
Lower Providence Rep. Comm. Mailing Address: 1151 Kittenhouse Rd. City: Audubon State: PA Zip Code (Plus 4): 19403	10	15	15	\$ 1,000.00
Description of Expenditure: Support				
Committee to S.O.S. Mailing Address: 1151 Kittenhouse Rd. City: Audubon State: PA Zip Code (Plus 4): 19403	10	15	15	\$ 1,000.00
Description of Expenditure: donation				
To Whom Paid	MO.	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
\$ 2,495.00