

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: <b>N/A</b>		Report Filed By: <b>CANDIDATE</b> 1. <input type="checkbox"/> <b>COMMITTEE</b> 2. <input checked="" type="checkbox"/> <b>LOBBYIST</b> 3. <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <b>Citizens for Donnelly</b>			
Street Address: <b>P.O. 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. <input type="checkbox"/> NO FRIDAY PRE-PRIMARY	2. <input type="checkbox"/> 30 DAY POST-PRIMARY	3. <input type="checkbox"/> AMENDMENT REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	4. <input type="checkbox"/> 90 DAY PRE-ELECTION	5. <input type="checkbox"/> 30 DAY POST-ELECTION	6. <input type="checkbox"/> TERMINATION REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	7. <input checked="" type="checkbox"/> ANNUAL REPORT	8. <input type="checkbox"/> YEAR <b>2011</b>	FILING METHOD ( ) CHECK ONE: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE
Name of Office Sought by Candidate: <b>Prothonotary</b>		DATE OF ELECTION MO: <b>11</b> DAY: <b>8</b> YEAR: <b>2011</b>	District Number: <b>46</b> Office Code: <b>KEP</b> Party Code: <b>46</b> County Code: <b>46</b>
Summary of Receipts and Expenditures from: <input checked="" type="checkbox"/>		MO: <b>11</b> DAY: <b>29</b> YEAR: <b>2011</b>	To MO: <b>12</b> DAY: <b>31</b> YEAR: <b>2011</b>
A. Amount Brought Forward From Last Report		\$ <b>25,749.70</b>	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <b>400.00</b>	
C. Total Funds Available (Sum of Lines A and B)		\$ <b>26,149.70</b>	
D. Total Expenditures (From Schedule III)		\$ <b>5271.23</b>	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <b>20878.47</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>	

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 2012 JAN 30 A 9:30  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA

**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 **27th** day of **January**, 20**12**

**Michelle E. Sepulveda**  
 Notary Seal  
 Michelle E. Sepulveda, Notary Public  
 Sign: Horsham Twp., Montgomery County  
 My Commission Expires Sept. 30, 2015  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**Peter Surgenor**  
 Signature of Person Submitting Report  
**Peter Surgenor**  
 Printed Name

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 **27th** day of **January**, 20**12**

**Michelle E. Sepulveda**  
 Notary Seal  
 Michelle E. Sepulveda, Notary Public  
 Sign: Horsham Twp., Montgomery County  
 My Commission Expires Sept. 30, 2015  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**William E. Donnelly**  
 Signature of Candidate  
**William E. Donnelly**  
 Printed Name

**215** Area Code **343-4806** Daytime Telephone Number

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <span style="font-size: 1.2em; font-family: cursive;">Citizens for Donnelly</span>	Reporting Period From _____ To _____
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1. UNLIMITED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>
All Other Contributions (Part B)	\$ <span style="font-size: 1.5em; font-family: cursive;">400.-</span>
TOTAL for the Reporting Period (2)	\$ <span style="font-size: 1.5em; font-family: cursive;">400.-</span>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>
All Other Contributions (Part D)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>
TOTAL for the Reporting Period (3)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <span style="font-size: 1.5em; font-family: cursive;">0</span>

<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.)	\$ <span style="font-size: 1.5em; font-family: cursive;">400.00</span>
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PART B  
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 <b>Citizens for Donnelly</b>	Reporting Period From _____ To _____
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	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	
<b>Anthony/Lillian Disanaro</b> Mailing Address 205 McClure Dr. City: Blue Bell State: PA Zip Code (Plus 4): 19422 -	11 29 11	\$ 150. <sup>00</sup>
<b>Thomas/Elizabeth Pileggi</b> Mailing Address 1111 Easton Road Suite 27 City: Warrington State: PA Zip Code (Plus 4): 18976 -	11 29 11	\$ 250. <sup>00</sup>
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$

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

PAGE TOTAL  
**\$ 400.<sup>00</sup>**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From _____ To _____
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To Whom Paid	MO.	DAY	YEAR	Amount
Hess Mailing Address 2818 Easton Rd. City Willow Grove State PA Zip Code (Plus 4) 19090-	12	5	11	\$ 57.22
Description of Expenditure Travel expense				
Friends of Lisa Arnold Mailing Address information requested City State Zip Code (Plus 4) -	12	6	11	\$ 900.00
Description of Expenditure Support				
Montco Republican Womens Leadership Mailing Address 1798 Meadow Glen Dr. City Lansdale State PA Zip Code (Plus 4) 19446-	12	6	11	\$ 250.00
Description of Expenditure Support				
Dominicks Pizza Mailing Address 3337 County Line Rd. City Onalaska State PA Zip Code (Plus 4) 18914-	12	9	11	\$ 44.57
Description of Expenditure meeting				
Wine + Spirits Mailing Address 1923 Amstowen Rd. City Maple Glen State PA Zip Code (Plus 4) 19002-	12	12	11	\$ 655.76
Description of Expenditure Campaign support gifts				
ASONS Mailing Address 82 Wenden Rd. City Coudertown State PA Zip Code (Plus 4) 18914-	12	12	11	\$ 448.24
Description of Expenditure campaign support thank you				
Anthony's Mailing Address 100 Welsch Rd. City Horsham State PA Zip Code (Plus 4) 19044	12	12	11	\$ 55.25
Description of Expenditure meeting				
BJ's Wholesale Mailing Address 500 Easton Rd. City Warrington State PA Zip Code (Plus 4) 18976	12	12	11	\$ 15.89
Description of Expenditure supplies				

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

PAGE TOTAL  
**\$2626.93**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From _____ To _____
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To Whom Paid <b>Le Boys</b>	MO. <b>12</b>	DAY <b>13</b>	YEAR <b>11</b>	Amount <b>\$ 2,128.86</b>
Mailing Address <b>116 N. York Rd.</b>	Description of Expenditure <b>Supporter thank you</b>			
City <b>Hatboro</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19040-</b>		

To Whom Paid <b>Bazaar Beer Outlet</b>	MO. <b>12</b>	DAY <b>19</b>	YEAR <b>11</b>	Amount <b>\$ 25.25</b>
Mailing Address <b>158 Easton Rd.</b>	Description of Expenditure <b>Meeting</b>			
City <b>Harsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044-</b>		

To Whom Paid <b>USPS</b>	MO. <b>12</b>	DAY <b>20</b>	YEAR <b>11</b>	Amount <b>\$ 37.90</b>
Mailing Address <b>100 Enterprise Rd.</b>	Description of Expenditure <b>postage</b>			
City <b>Harsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044-</b>		

To Whom Paid <b>Target</b>	MO. <b>12</b>	DAY <b>20</b>	YEAR <b>11</b>	Amount <b>\$ 34.52</b>
Mailing Address <b>401 Easton Rd.</b>	Description of Expenditure <b>supplies</b>			
City <b>Warrington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18976-</b>		

To Whom Paid <b>Conshohocken GOP</b>	MO. <b>12</b>	DAY <b>21</b>	YEAR <b>11</b>	Amount <b>\$ 60.00</b>
Mailing Address <b>10 139 W. 8th Ave.</b>	Description of Expenditure <b>support</b>			
City <b>Conshohocken</b>	State	Zip Code (Plus 4) <b>19388-</b>		

To Whom Paid <b>8 East</b>	MO. <b>12</b>	DAY <b>21</b>	YEAR <b>11</b>	Amount <b>\$ 17.00</b>
Mailing Address <b>First Ave</b>	Description of Expenditure <b>meeting</b>			
City <b>Conshohocken</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19382-</b>		

To Whom Paid <b>Orvis</b>	MO. <b>12</b>	DAY <b>23</b>	YEAR <b>11</b>	Amount <b>\$ 37.05</b>
Mailing Address <b>500 W. Germantown Pk.</b>	Description of Expenditure <b>Supporter thank you</b>			
City <b>Plumouth Meeting</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19462-</b>		

To Whom Paid <b>Bazaar Beer Outlet</b>	MO. <b>12</b>	DAY <b>27</b>	YEAR <b>11</b>	Amount <b>\$ 60.72</b>
Mailing Address <b>158 Easton Rd.</b>	Description of Expenditure <b>meeting</b>			
City <b>Harsham</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  
**\$ 2409.30**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From _____ To _____
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<b>NIA PAC</b> Mailing Address <b>205 Pennsylvania Ave.</b> City <b>Washington</b> State <b>DC</b> Zip Code (Plus 4) <b>20003-</b>	<b>12</b>	<b>29</b>	<b>11</b>	<b>\$ 75.00</b>	<b>event</b>
<b>Iacreat</b> Mailing Address <b>2400 Augusta Dr.</b> City <b>Houston</b> State <b>TX</b> Zip Code (Plus 4) <b>77057</b>	<b>12</b>	<b>30</b>	<b>11</b>	<b>\$ 140.00</b>	<b>conference</b>
<b>Iacreat</b> Mailing Address <b>2400 Augusta Dr.</b> City <b>Houston</b> State <b>TX</b> Zip Code (Plus 4) <b>77057</b>	<b>12</b>	<b>30</b>	<b>11</b>	<b>\$ 20.00</b>	<b>conference</b>
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City					
State					
Zip Code (Plus 4)					
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City					
State					
Zip Code (Plus 4)					
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City					
State					
Zip Code (Plus 4)					
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City					
State					
Zip Code (Plus 4)					
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City					
State					
Zip Code (Plus 4)					

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

PAGE TOTAL  
**\$ 235.00**