

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: ▶		Report Filed By: ▶		CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³				
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)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR	2013		FILING METHOD () CHECK ONE ▶		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR				
				5	21	13	46		REP	46
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	5	7	13		6	10	13
A. Amount Brought Forward From Last Report	\$ 30,694.37						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 8,000.00						
C. Total Funds Available (Sum of Lines A and B)	\$ 38,694.37						
D. Total Expenditures (From Schedule III)	\$ 1,608.00						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 37,026.37						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0						

FOR OFFICE USE ONLY

RECEIVED
 2013 JUN 19 P 3:35
 OFFICE OF
 VOTER SERVICES
 MONING 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 **18th** day of **June**, 20**13** at **Horsham, Pennsylvania**

Michelle L. Sepulveda
 Notary Public
 Horsham Twp., Montgomery County
 My Commission Expires **06/30, 2015**
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My commission expires **06** MO. **30** DAY **15** YR.

Peter Surgenor
 Signature of Person Submitting Report
PETER SURGENOR
 Printed Name

267 Area Code **613-8494** 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 **19th** day of **June**, 20**13** at **Horsham, Pennsylvania**

Michelle L. Sepulveda
 Notary Public
 Horsham Twp., Montgomery County
 My Commission Expires **06/30, 2015**
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My commission expires **06** MO. **30** DAY **15** YR.

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 <u>Citizens for Donnelly</u>	Reporting Period From <u>5/1/13</u> To <u>10/1/13</u>
---	--

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>500.00</u>
TOTAL for the Reporting Period	(2)	\$ <u>500.00</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>7500.00</u>
TOTAL for the Reporting Period	(3)	\$ <u>7500.00</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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>8000.00</u>
---	-------------------

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 <u>Citizens for Donnelly</u>	Reporting Period From <u>5/13</u> To <u>6/10/13</u>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>John/Barbara Swenson</u> Mailing Address: <u>30 Viewpoint Ln.</u> City: <u>Lewistown</u> State: <u>PA</u> Zip Code (Plus 4): <u>19054-</u>	5	28	13	\$ 200.00
<u>Alberto/Toni Vennettilli</u> Mailing Address: <u>59 Stone Hill Dr.</u> City: <u>Pottstown</u> State: <u>PA</u> Zip Code (Plus 4): <u>19404-</u>	5	28	13	\$ 200.00
<u>Joel/Susan Ardman</u> Mailing Address: <u>3047 Conrad way</u> City: <u>Lansdale</u> State: <u>PA</u> Zip Code (Plus 4): <u>19446-</u>	5	28	13	\$ 100.00
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address 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
\$ 500.00

**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>5/1/13</u> To <u>6/10/13</u>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Russell/Elizabeth Dunleavy</u>	5	20	13	\$ 3500. ⁰⁰
Mailing Address <u>5068 Ryan Rd.</u>	MO.	DAY	YEAR	\$
City <u>Pipersville</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18947-</u>				
Employer Name <u>Individual</u>				
Employer Mailing Address/Principal Place of Business <u>Same</u>				
				Occupation <u>Engineer</u>

<u>Dale Cava</u>	5	20	13	\$ 2500. ⁰⁰
Mailing Address <u>Linden Circle</u>	MO.	DAY	YEAR	\$
City <u>Sellersville</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18960-</u>				
Employer Name <u>Individual</u>				
Employer Mailing Address/Principal Place of Business <u>Same</u>				
				Occupation <u>Attorney</u>

<u>Thomas/Nancy Gockowski</u>	5	28	13	\$ 300. ⁰⁰
Mailing Address <u>244 Holly Dr.</u>	MO.	DAY	YEAR	\$
City <u>Chalfont</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18914-</u>				
Employer Name <u>Carroll Engineering Corp</u>				
Employer Mailing Address/Principal Place of Business <u>449 Easton Rd. Warrington PA 18976</u>				
				Occupation <u>Engineer</u>

<u>Kathleen/Allen Mason</u>	5	28	13	\$ 300. ⁰⁰
Mailing Address <u>PO Box 775</u>	MO.	DAY	YEAR	\$
City <u>Montgomeryville</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18936-</u>				
Employer Name <u>Carroll Engineering Corp</u>				
Employer Mailing Address/Principal Place of Business <u>449 Easton Rd. Warrington PA 18976</u>				
				Occupation <u>Engineer</u>

<u>Kenneth Heyat/Cynthia Bilous</u>	5	28	13	\$ 300. ⁰⁰
Mailing Address <u>7 Tice Ln.</u>	MO.	DAY	YEAR	\$
City <u>Perkasie</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18944-</u>				
Employer Name <u>Carroll Engineering Corp</u>				
Employer Mailing Address/Principal Place of Business <u>449 Easton Rd. Warrington PA 18976</u>				
				Occupation <u>Engineer</u>

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

PAGE TOTAL
\$ 6900.⁰⁰

**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>5/7/13</u> To <u>6/10/13</u>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Thomas/Stella Watkins</u>	5	28	13	\$ 300.00
Mailing Address <u>2512 Park Rd.</u>	MO.	DAY	YEAR	\$
City <u>Warrington</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18976</u>			\$
Employer Name <u>Carroll Engineering Corp</u>	Occupation <u>Engineer</u>			
Employer Mailing Address/Principal Place of Business <u>949 Easton Rd. Warrington PA 18976</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Matthew/Shawn Garber</u>	5	28	13	\$ 300.00
Mailing Address <u>97 Byers Rd.</u>	MO.	DAY	YEAR	\$
City <u>Ottsville</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	Zip Code (Plus 4) <u>18042</u>			\$
Employer Name <u>Carroll Engineering Corp</u>	Occupation <u>Engineer</u>			
Employer Mailing Address/Principal Place of Business <u>949 Easton Rd. Warrington PA 18976</u>				

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
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
\$600.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 5/7/13 To 6/10/13
---	--

To Whom Paid Conshohocken Republican Party	MO. 5	DAY 21	YEAR 13	Amount \$ 50.00
Mailing Address 6 E. First Ave				
Description of Expenditure Support				
City Conshohocken		State PA	Zip Code (Plus 4) 1938-	

To Whom Paid Republican Party of Pennsylvania	MO. 10	DAY 4	YEAR 13	Amount \$ 1,000.00
Mailing Address 112 State St.				
Description of Expenditure Membership Renewal				
City Harrisburg		State PA	Zip Code (Plus 4) 17101-	

To Whom Paid Coggins for Judge	MO. 6	DAY 7	YEAR 13	Amount \$ 100.00
Mailing Address 314 E. Johnson Hwy.				
Description of Expenditure Support				
City Domstown		State PA	Zip Code (Plus 4) 19401-	

To Whom Paid IACREOT	MO. 6	DAY 10	YEAR 13	Amount \$ 400.00
Mailing Address 2400 Augusta Dr. Ste. 250				
Description of Expenditure Conference expense				
City Houston		State TX	Zip Code (Plus 4) 77057	

To Whom Paid Mint Julep	MO. 6	DAY 10	YEAR 13	Amount \$ 118.00
Mailing Address 140 N. 4th St. Ste. 326				
Description of Expenditure conference expense				
City Louisville		State KY	Zip Code (Plus 4) -	

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

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

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
\$ 1668.00