

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

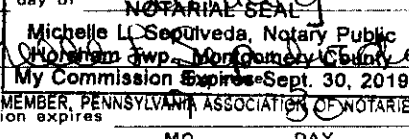
Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: Citizens for Donnelly											
Street Address: PO Box 307											
City: Horsesham				State: PA		Zip Code: 19044					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	2017	FILING METHOD () CHECK ONE <input type="checkbox"/>		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				
					11	7	2017	410		REP	410
					(SEE INSTRUCTIONS FOR CODES)						
FOR OFFICE USE ONLY											
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR		
			11	28	2017	To	12	31	2017		
A. Amount Brought Forward From Last Report			\$ 34,900.77								
B. Total Monetary Contributions and Receipts (From Schedule II)			\$ 0								
C. Total Funds Available (Sum of Lines A and B)			\$ 34,900.77								
D. Total Expenditures (From Schedule III)			\$ 4,697.43								
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 30,203.34								
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0								
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0								

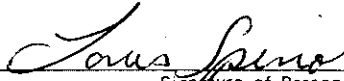
AFFIDAVIT SECTION

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

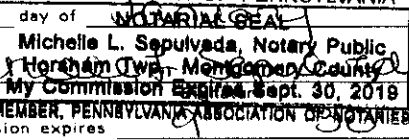
17th COMMONWEALTH OF PENNSYLVANIA
 day of **NOVEMBER** 20 **18**

 My commission expires **30** **19**
 MO. DAY YR.

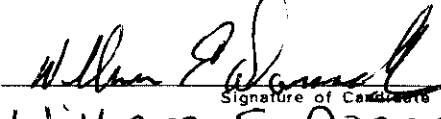

 Signature of Person Submitting Report
Louis Spino
 Printed Name
215 **852-8429**
 Area Code Daytime Telephone Number

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

17th COMMONWEALTH OF PENNSYLVANIA
 day of **NOVEMBER** 20 **18**

 My commission expires **30** **19**
 MO. DAY YR.


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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 11/28/17 To 12/31/17
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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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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 11/28/17 To 12/31/17
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To Whom Paid Horsham Community Fund	MO. 11	DAY 29	YEAR 17	Amount \$ 275.00
Mailing Address 100 Admirall Lane				
Description of Expenditure support				
City Warrington		State PA		Zip Code (Plus 4) 18976

To Whom Paid Wine + Spirit	MO. 11	DAY 29	YEAR 17	Amount \$ 104.101
Mailing Address 306 Easton Rd				
Description of Expenditure Supporter thanks				
City Warrington		State PA		Zip Code (Plus 4) 18976

To Whom Paid Wine + Spirit	MO. 12	DAY 06	YEAR 17	Amount \$ 243.45
Mailing Address 306 Easton Rd				
Description of Expenditure Supporter thanks				
City Warrington		State PA		Zip Code (Plus 4) 18976

To Whom Paid Board Beverage	MO. 12	DAY 06	YEAR 17	Amount \$ 15.58
Mailing Address 306 Easton Rd				
Description of Expenditure Supporter thanks				
City Warrington		State PA		Zip Code (Plus 4) 18976

To Whom Paid USPS	MO. 12	DAY 8	YEAR 17	Amount \$ 26.89
Mailing Address 28 E. Arty St				
Description of Expenditure Stamps/mailing				
City Nomstown		State PA		Zip Code (Plus 4) 19401

To Whom Paid Prospectville Public House	MO. 12	DAY 11	YEAR 17	Amount \$ 125.40
Mailing Address 1101 Horsham Rd				
Description of Expenditure meeting				
City Ambler		State PA		Zip Code (Plus 4) 19002

To Whom Paid Board Beverage	MO. 12	DAY 12	YEAR 17	Amount \$ 36.44
Mailing Address 308 Easton Rd				
Description of Expenditure Supporter thanks				
City Warrington		State PA		Zip Code (Plus 4) 18976

To Whom Paid ATENA'S	MO. 12	DAY 12	YEAR 17	Amount \$ 334.97
Mailing Address 80 Wainroad Rd				
Description of Expenditure Supporter's thanks				
City Souderton		State PA		Zip Code (Plus 4) 18964

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. **PAGE TOTAL \$ 1,122.54**

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 11/28/17 To 12/31/17
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To Whom Paid	MO.	DAY	YEAR	Amount
Giant	12	12	17	\$ 100.00
Mailing Address: 314 Horsham Rd.				
Description of Expenditure: meeting prep				
City: Horsham	State: PA	Zip Code (Plus 4): 19044		
Bill Donnelly	12	13	17	\$ 200.00
Mailing Address: PO Box 347				
Description of Expenditure: reimburse mt				
City: Horsham	State: PA	Zip Code (Plus 4): 19044		
TeleFlora.com	12	13	17	\$ 153.50
Mailing Address: 11444 W. Olympic Blvd				
Description of Expenditure: supplier thanks				
City: Los Angeles	State: CA	Zip Code (Plus 4): 90004		
TeleFlora.com	12	13	17	\$ 121.39
Mailing Address: 11444 W. Olympic Blvd				
Description of Expenditure: supplier thanks				
City: Los Angeles	State: CA	Zip Code (Plus 4): 90004		
MCRC	12	26	17	\$ 3,000.00
Mailing Address: 510 Penilyn Blue Bell Pk #210				
Description of Expenditure: support				
City: Blue Bell	State: PA	Zip Code (Plus 4): 19022		
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
\$ 3,574.89