

Commonwealth of Pennsylvania  
CAMPAIGN FINANCE REPORT

(NOTE: This report must be typed or printed in blue or black ink.)

Filer Identification Number: ---> <b>n/a</b>		Report Filed By: -> <b>CANDIDATE</b> <sup>1.</sup>	<b>COMMITTEE</b> <sup>2.</sup> <b>X</b>	<b>LOBBYIST</b> <sup>3.</sup>						
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)	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	NO	X
	Annual Report	7.	Year -->	<b>2011</b>	Filing Method Check One -->		Paper	X	Diskette	
Name of Office Sought by Candidate			Date of Election Month-Day-Year <b>05-17-11</b>	District Number <b>46</b>	Office Code	Party Code <b>REP</b>	County Code <b>46</b>	(see instructions for codes)		

Summary of Receipts and Expenditures from:	Month-Day-Year	To	Month-Day-Year	FOR OFFICE USE ONLY
	<b>05-03-11</b>		<b>06-06-11</b>	
A. Amount Brought Forward From Last Report				RECEIVED 2011 JUN -3 A 10:17 VOTER SERVICES / MONTG. CO. PA.
B. Total Monetary Contributions and Receipts (From Schedule I)	-- 0 --			
C. Total Funds Available (Sum of Lines A and B)	<b>\$47,652.36</b>			
D. Total Expenditures (From Schedule III)	<b>\$6,150.00</b>			
E. Ending Cash Balance (Subtract Line D from Line C)	<b>\$41,502.36</b>			
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

2 day of June 20 11

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
 PATRICIA A. SURGENER, Notary Public  
 My Commission Expires Feb. 20, 2015

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

215 343-4806  
 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

2nd day of June 20 11

**COMMONWEALTH OF PENNSYLVANIA**  
 Notary Public  
 Sharyn Donnelly, Notary Public  
 Horsham Twp, Montgomery County  
 My Commission Expires Feb. 8, 2013

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

215 343-4806  
 Area Code Daytime Telephone Number

SCHEDULE I  
CONTRIBUTIONS AND RECEIPTS  
Detailed Summary Page

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>05-03-11</u> To <u>06-06-11</u>
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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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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

Use this Schedule to report all In-Kind Contributions of Valuable Things during the Reporting Period

Detailed Summary Page

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>05-03-11</u> To <u>06-06-11</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.00 or LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	-- 0 --

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	-- 0 --

3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	-- 0 --

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	-- 0 --
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Schedule III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>			Reporting Period From <u>05-03-11</u> To <u>06-06-11</u>	
To Whom Paid <b>Andrea Duffy for Judge</b>			Month-Day-Year <b>05-05-2011</b>	Amount <b>\$100.00</b>
Mailing Address <b>1800 Pennbrook Parkway</b>			Description of Expenditure <b>contribution</b>	
City <b>Lansdale</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19446</b>		
To Whom Paid <b>Lower Providence Republican Com.</b>			Month-Day-Year <b>05-05-2011</b>	Amount <b>\$50.00</b>
Mailing Address			Description of Expenditure <b>fundraiser</b>	
City <b>Collegedale</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19426</b>		
To Whom Paid <b>MCRC</b>			Month-Day-Year <b>05-06-2011</b>	Amount <b>\$5,500.00</b>
Mailing Address <b>614 E. Johnson Hwy</b>			Description of Expenditure <b>contribution</b>	
City <b>Norristow,</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401</b>		
To Whom Paid <b>Judge Zaffarano Re-election Committee</b>			Month-Day-Year <b>05-11-2011</b>	Amount <b>\$150.00</b>
Mailing Address <b>1267 Tressler Drive</b>			Description of Expenditure <b>fundraiser</b>	
City <b>Fort Washington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19034</b>		
To Whom Paid <b>Friends of Mensch</b>			Month-Day-Year <b>05-15-2011</b>	Amount <b>\$250.00</b>
Mailing Address <b>4376 Upper Ridge Rd</b>			Description of Expenditure <b>fundraiser</b>	
City <b>Jeffersonville</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19403</b>		
To Whom Paid <b>William E. Donnelly</b>			Month-Day-Year <b>05-16-2011</b>	Amount <b>\$100.00</b>
Mailing Address <b>P.O. Box 367</b>			Description of Expenditure <b>reimburse-Abington Hospital fundraiser</b>	
City <b>Horsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-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 <b>\$6,150.00</b>
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