

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER N/A		REPORT FILED ON BEHALF OF CANDIDATE		1	COMMITTEE	2	LOBBYIST	3			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST William E Donnelly											
STREET ADDRESS P.O. Box 367											
CITY Horsham				STATE PA		ZIP CODE 19044-0867					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Prothonotary			DISTRICT NO. Montgomery		PARTY Rep		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST-PRIMARY		6TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION		30 DAY POST-ELECTION	
ANNUAL REPORT		DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		AMENDMENT REPORT?		TERMINATION REPORT?	
		MO. DAY YEAR 5 3 11 TO 6 6 11		YES NO		YES NO		YES NO		YES NO	

RECEIVED  
 2011 JUN - 3 A 10:  
 VOTER SERVICES  
 MONTG CO PA.

**AFFIDAVIT SECTION**

**PART I -**  
 If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 2nd COMMONWEALTH OF PENNSYLVANIA 2011

Notary Seal  
 Horsham Twp., Montgomery County  
 MY COMMISSION EXPIRES Nov. 8, 2013 13  
 Member, Pennsylvania Association of Notaries

Signature of Person Submitting Report  
 William E. Donnelly  
 PRINTED NAME  
 215 343 4806  
 AREA CODE DAYTIME TELEPHONE NUMBER

**PART II -**  
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER

Montgomery County Election Board \* PO Box 311 \* Norristown, PA 19404-0311  
 610.278.3275 \* www.montcopa.org