

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 DA		REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST William E. Donnelly						
STREET ADDRESS P.O. Box 367						
CITY Horsham		STATE PA	ZIP CODE 19044 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Prothonotary		DISTRICT NO. 46	PARTY REP	DATE OF ELECTION	
					MO. 11	DAY 8
6TH TUESDAY PRE-PRIMARY	1.				YEAR 11	
2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	3.			<div style="text-align: center;"> <p>RECEIVED</p> <p>2011 DEC -5 P 2:35</p> <p>OFFICE OF VOTER SERVICES MONTG. CO PA</p> </div>		
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>					
ANNUAL REPORT	7.					
DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR		
		10 25 11		11 28 11		
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?		YES		NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>	

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
5th DAY OF **December**, 20**11**

Monelle S. Sepulveda
 Notary Public
 COMMONWEALTH OF PENNSYLVANIA
 Horsham Twp., Montgomery County
 My Commission Expires **Sept 30, 2015**
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

William E. Donnelly
 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