

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 <input checked="" type="checkbox"/>	COMMITTEE <input 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 REPORTING PERIOD		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR 11 29 11		MO. DAY YEAR 11 8 11		
2ND FRIDAY PRE-PRIMARY	TO 12 31 11		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		RECEIVED 2012 JAN 30 A 9:36 OFFICE OF VOTER SERVICES MONTG. CO PA		
6TH TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
2ND FRIDAY PRE-ELECTION	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>		✓		
30 DAY POST-ELECTION	TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>				
ANNUAL REPORT <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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

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