

Commonwealth of Pennsylvania
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:	Report Filed By:	CANDIDATE 1.	COMMITTEE 2.	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: Citizens for Donnelly				
Street Address: PO Box 367				
City: Horsham		State: PA		Zip Code: 19044 -
TYPE OF REPORT (place X to the right of report type)	1.	2.	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	4.	5.	6. X	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	7.	YEAR 2012		FILING METHOD - CHECK ONE PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:			DATE OF ELECTION MO. DAY YEAR	District Number 46
				Office Code REP
				Party Code REP
				County Code 46
(SEE INSTRUCTIONS FOR CODES)				
FOR OFFICE USE ONLY				
Summary of Receipts and Expenditures from:		MO. DAY YEAR 10 23 2012		To MO. DAY YEAR 11 20 2012
A. Amount Brought Forward From Last Report		\$ 31,174.02		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 4,000.00		
C. Total Funds Available (Sum of Lines A and B)		\$ 35,174.02		
D. Total Expenditures (From Schedule III)		\$ 16,549.94		
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 33,519.08		
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0		

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 OFFICE OF
 ELECTIONS
 AND
 ETHICS
 COMMONWEALTH OF PA

AFFIDAVIT SECTION

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 4th day of December 2012

<p>COMMONWEALTH OF PENNSYLVANIA Notarial Seal Michelle L. Sepulveda, Notary Public Northampton Twp., Lehigh County My Commission Expires Sept. 30, 2015 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES</p>	<p><i>Peter Sargener</i> Signature of Person Submitting Report Peter Sargener Printed Name 267 Area Code 613-8494 Daytime Telephone Number</p>
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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 4th day of December 2012

<p>COMMONWEALTH OF PENNSYLVANIA Notarial Seal Michelle L. Sepulveda, Notary Public Northampton Twp., Lehigh County My Commission Expires Sept. 30, 2015 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES</p>	<p><i>William E. Donnelly</i> Signature of Candidate William E. Donnelly Printed Name 215 Area Code 343-4806 Daytime Telephone Number</p>
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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Citizens for Donnelly</i>	Reporting Period From <i>10/23/12</i> To <i>11/26/12</i>
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1. UNMIXED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>500.⁰⁰</i>
All Other Contributions (Part D)	\$ <i>3500.⁰⁰</i>
TOTAL for the Reporting Period (3)	\$ <i>4000.⁰⁰</i>

4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>4000.⁰⁰</i>
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PART C

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 10/23/12 To 11/26/12
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee Horsham Republican Party				11	22	12	\$ 500. ⁰⁰
Mailing Address PO BOX 95				MO.	DAY	YEAR	\$
City Horsham	State PA	Zip Code (Plus 4) 19044-		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 500.⁰⁰

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Citizens for Donnelly</i>	Reporting Period From <i>10/23/12</i> To <i>11/26/12</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<i>Steven Gilmore</i>				<i>10</i>	<i>29</i>	<i>12</i>	\$ <i>3500.⁰⁰</i>
Mailing Address <i>350 E. Butler Ave</i>				MO.	DAY	YEAR	\$
City <i>New Britain</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18901 -</i>		MO.	DAY	YEAR	\$
Employer Name <i>SELF</i>				Occupation			
Employer Mailing Address/Principal Place of Business <i>SMB</i>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *3500.⁰⁰*

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Donnelly	Reporting Period From 10/23/12 To 11/26/12
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To Whom Paid Republican Party of PA	MO 10	DAY 29	YEAR 12	Amount \$ 1,000.⁰⁰
Mailing Address				
Description of Expenditure				
City HARRISBURG	State PA	Zip Code (Plus 4) -		

To Whom Paid Friends of Perry Hamilton	MO 10	DAY 29	YEAR 12	Amount \$ 250.⁰⁰
Mailing Address PO Box 389				
Description of Expenditure Support				
City Donmstown	State PA	Zip Code (Plus 4) 19404		

To Whom Paid Alder Photo	MO 11	DAY 2	YEAR 12	Amount \$ 49.⁹⁵
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid 681 Complex Inc.	MO 11	DAY 7	YEAR 12	Amount \$ 35.⁹²
Mailing Address 680 Easton Rd.				
Description of Expenditure meeting				
City Horsnam	State PA	Zip Code (Plus 4) 19044		

To Whom Paid Maple Glen Wine + Spirits	MO 11	DAY 14	YEAR 12	Amount \$ 19.⁰⁷
Mailing Address				
Description of Expenditure Meeting expense				
City Maple Glen	State PA	Zip Code (Plus 4) 19082-		

To Whom Paid Friends of Chuck McInhinney	MO 11	DAY 21	YEAR 12	Amount \$ 300.⁰⁰
Mailing Address PO Box 2014				
Description of Expenditure Event				
City Doulestown	State PA	Zip Code (Plus 4) 18910-		

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
\$ 1,654.⁹⁴