#### Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF \_

(COVER PAGE)

NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

	OTE: This report		Report		1.	COMMITTEE	2. LOBS	%(≆ 3. ZIST
Filer Identification Number:			Filed By:	CANDIDATE		COMINTO		
Name of Filing Commi		obyisti Danelli	4					
Street Address:	367					Zip Code:		
City:	$\sim$			State: PA		19044		
TYPE OF	Serio de Sp. V	1 2NO FRIL		30 DAY		AMENDMENT REPORT?	)( <b>5</b> 3/2	No X
REPORT	PRE-PRIMARY	PRE-PRI	- 22/25/20/20/20/20	POST PRIMARY	6.	TERMINATION	yes	No X
(place X to	PRE-BLECT-ON	PAE-ELE		FILING METHOD		REPORT?		
the right of report type	ANNUAL REPORT		3	( ) CHECK ONE		PAPER	Diski	County
Name of Office Soug	ht by Candidate:			DATE OF ELEC	TION	District Offic Number Code		Code
						40 100	STRUCTIONS	FOR CODES
							FICE USE O	
Summary of F	Receipts	MQ DAY	YEAR	MO. DAY	EAR O			
and Expenditu	res from:		1 <u>C/Ok</u>					
	nt Forward From La		\$	<u> 30, 284. u</u>	<del>L</del>		19	
	Contributions and			4,500.0	$\bigcirc$		( i	
	vailable (Sum of Lin		\$	<u> 34, 789, 4</u>	7		2	
	ures (From Schedul	<del></del>	\$	<del>4,0-10.0</del>	<del></del>			111
	alance (Subtract Lin			30,604.2	> +		. U	
	ind Contributions R						Ç	(
G. Unpaid Debts	and Obligations (Fro	om Schedule IV)	\$					
		O MANUAL TO STATE OF THE STATE	AFFIDAVIT	ns is a Candidate re	part c	andidate sign h	ia meneralis	all and Sheet to
I swear (or affirm)	that this report, inclu	ding the attached so	hedules, on pap	er or computer diskette,	are to t	the best of my k	nowledge and	belief true,
correct and comple	ta.:		_	Not		_		
SWO(II TO SING SUPE	MONWEALTH OF HE		20/3	- Petus	Sy	mer	ies Benert	
Michall	Robelle & Seperveda, N	Stery County O	a	Deter"	Suernia o	f Person Submitt	S Aeport	
- Majur	ER, PENNSYLVANIA 4500	MON OF NOTARIES	15	2107		Printed Name	SUA	-1
My committeein 6	MO.	DAY YI	1 <u>)</u>	Area Code		Daytime	Telephone N	umber
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.								
(P.L. 1333, No. Notarial Seal								
	ionellere. Sepuliveda, Ni toisham Tyrp (Montgorq	eny County	20 13	Williams	Com	nulf		
Signature of Candidate  MEMBER TERMINITURANTA ASSOCIATION OF HOTARIES								
THOM	Signatu	July 2-	<u> </u>	$\bigcap_{i \in I} C_i$	_1 1 )	Printed Name	2.48	$\Omega$
My commission	expires MO.	DAY Y	<u> </u>	Area Code		Daytim	7 ( ) na Talephone N	lumber

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

#### SCHEDULE I

PAGE 2 OF 8

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary rage			
Name of Filing Committee or Candidate  CH12E0S FOY DODDELLY	Reporting Peri	13	то 5/6/13
Paraditantiva - or explose all proping and	202.25		
TOTAL for the Reporting Perio	d (1)	\$	$O_{\perp}$
SAND PARTIES AND PARTIES AND PARTIES OF THE PARTIES	В)		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	1500.00
TOTAL for the Reporting Period	od (2)	\$	1500.°°
E SECURIORIS SUCCESSIVE SECONDESCRIPTION ESTRE SE AND EST		i de la composition della comp	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		<u> </u>	3,000.00
TOTAL for the Reporting Period	od (3)	\$	3,000.00
CONTRIBUTION OF THE STATE OF TH	GHECKS ET	0 (17)	OM PART E
TOTAL for the Reporting Period	od (4)	\$	$\mathcal{O}$
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.)		\$	4,500.00

PAGE 3 OF 8

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate	Reporting Period	то 5/0/13
Citizens for Donnelly	DATE	AMOUNT
Pult vame of Contributor		\$ 100.00
Mailing Address  A Ctor Hill V	MAC 2008 W. M. C.	\$
State   Zip Code (Plus 4)	-MO - SODAY STRAFF	
CPOHSTOWN PA 19404		\$
Parl Name of Contributor	3 4 13	\$ 200.°°
Mailing Address	3 27 13	\$ 200.00
State Zip Code (Plus 4)		\$
Full Name of Contributor  Mathaut Snawn Garber	3 4 13	\$ 100.00
Mailing Address	MOZA SOAVE SEARCE	\$
City State Zip Code (Plus 4)	MG SZDAY SZEAR	\$
Full Name of Contribusor.	EMOST SOLVE	\$ 100 W
Mailing Address	3 9 15 MD DAVE WAR	\$ (00,00
State Zip Code (Plus 4)	3 27 B	(00'
17/10s/e 18/118949-		\$
Joseph Susan Ardman	3 7 13	\$ 200.00
Mailing Address  3047 Conca O When	3 27 13	\$ 100.00
		\$
	MG. TAY YEAR	\$ 100,00
Mailing Address	W MO W DAY W YEAR	\$
$\mathbf{I}(C) = A C = $	MOZE SOAYSS STEAR	\$
Full Name of Contributor	MOZE ADAYER PARAME	
$\mathbb{R}(\Omega + \mathcal{V}) = \mathcal{C}(\Omega + \mathcal{W}) = \mathcal{C}(\Omega + \mathcal{W}) = \mathcal{C}(\Omega + \mathcal{W})$	3 8 15	<u> </u>
POBX775	MC SE SANCE SALE	\$
Montameryulle PA18936-		\$
Full Name of Contributor  DONO + POOL COVICE SECONOL	MO TOAY YEAR	\$ 100.00
Mailing Address	MO DAY WEAR	\$ 100.00
City State Zip Code (Plus 4)	MO YEAR	\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$1500,°°

DSEB-502 (7-99)

#### PART D **ALL OTHER CONTRIBUTIONS**

PAGE 4 OF 8

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	Reporting Period
Citizens for Donnelly	From
	DATE AMOUNT
Full Name of Contributor + Bernadete Mullin	5 W 13 1,000.
Mailing Address	MD PAY FARE \$
375 Moms Rd.  State Zip Code (Plus 4)	MO SODAY SAEARS
Consdale PALIGHUE	Qccupation \$
Employer Name	Attorner
Employer Mailing Address/Principal Place of Business	
Same asalave.	000 000 000 de )
FON Name of Contributor	5 6 13 1,000.00
Meiling Address Phones and Moadaw (d.	S S
City Zip Code (Plus 4)	MO. DAV. VEAS
Bucket Name 21	Occupation
	Attorney
Employer Mailing Address/Principal Place of Business	
Full Name of Contributor	5 (0 13 \$ 500,00
Mere + Stepher Schwart	MD YEAR
Mailing Address  NOVESS PVICE	\$
City  City  City  PA PUSU-	MO: DAY YEAR \$
Employer Name	Occupation
Employer Mailing Address/Principal Place of Business	latterney
1275 mm x x 2 1 a n soall	
Full Name of Contributor  The Contributo	5 G B \$ 500.00
Mailing Address	MO PAY YEAR \$
City State Zip Code (Plus 4)	
170000 PA 19426	\$
Employer Name	Occupation
Employer Mailing Address/Principal Place of Business	
375 Mons ld. Lansdale	
Full Name of Contributor	*******************************
Mailing Address	MD: DAY YEAR
City State Zip Code (Plus 4)	MO. DAY XEAR
	Occupation
Employer Name	3334011
Employer Mailing Address/Principal Place of Business	
	PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page, Section 3. SAGE TOTAL \$3,000.00

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#### SCHEDULE III

Name of Filing Committee or Candidate	Reporting Period
	From 1/1/12 To 5/6/13
Utizenstor Donnaly	
To Whom Paid	Amount
LACIEOI	Amount \$135
Mailing Address 2400 Arnusta Dr. Stc. 250	Description of Expenditure Conference Expense
City State Zip Code (Plus 4)	COMO NE SEPTISE
Houston TX 2007	
To-Whom Paid	Amount OO
++ 1C(C())	Description of Expenditure
Mailing Address, Augusta Dr. Stc. 250	Conference expense
State Zip Code (Plus 4)	
TOUSTON ILXHAST	
To Whom Paid	SMO DAY STEAM Amount \$ (00.00)
Meiling Address	Description of Expenditure
State Zip Code (Plus 4)	conterence expense
State State 31408-	· · · · · · · · · · · · · · · · · · ·
Ta Whom Paid	MO DAY WEAR Amount
Riverhouse Seathard	Description of Expenditure
Matting_Address	1 C
State Zip Code (Plus 4)	Conference expense
Savannan 6AB1401-	
To Whom Paid.	MD DAY YEAR Amount \$ 105 (08
The Piates House	Description of Expenditure
IDOE BYOND X	Conference expense
State Zip Code (Plus 4)	
	MO BAY YEAR Amount
To Whom Peid BUCCTS	1513 \$ 19.50
Mailing Address	Description of Expenditure
BE BOUGHTON ST. State Zip Code (Plus 4)	Conterence expense
Sowannan (AB1401-	
Tar Whom Paid	Mo Amount Amount
Inc Mubary Lon	Description of Expenditure
Mailing Address  Boustveet	Conference expense
City State Zip Code (Plus 4)	
$\Delta L \Delta V $	FOUNDAME OF THE POST AND ADDRESS OF THE POST AND ADDRESS OF THE POST ADDRESS OF THE PO
To Whom Paid	Amount \$
Mailing Address	Description of Expenditure
State   Zip Code (Plus 4)	1 CONTROLL CXDEVX
$h \cap h \cap h \cap h$	
TELLANON BHIDAOIT	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$1,244.38
	1,0

#### SCHEDULE III

Name of Filing Committee or Candidate	Reporting Period
Citizens for Donnelly	From
	Amount 100 C
Townom Paid Air Dort Parting	Description of Expenditure
Mailing Address Carle (OC) Poots BNO.	Description of Expenditure  Conference Expense
State Zip Code (Plus 4)	
LCSTU	Amount Amount
to whom Paid man Party of PA	Pescription of Expenditure
Mailing Address	Uncoin Day Event
City Shelle Zip Code (Plus 4)	
To Whom Paid	No. DAY FEAT Amount
TACREOI	Description of Expenditure
Malling Address Augusta Dr. Stc. 250	Conference expense
State Zip Code (Pius 4)	member dues
To Whom, Paid	Mic San Man Amount
Mailing Address	Description of Expenditure
IN THE ST.	conference expense
to men year of the state of the	
To Whom Paid	Amount (5 13 \$ 5 (0))
Maritha Aldress 2 - 10 50 136	Description of Expenditure
203 1 1 10000 St. STC. 130 Code (Plus 4)	Daratio )
Lansdale PA 19446	
to Whom Paid and Elent Dannin I Caratle	Amount \$ 0 13
Mailing Address	Description of Expenditure
City State Zin Code (Plus 4)	1 SULVET COUNTY
Mautour PA 18940	Amount
In Whom Paid HIZ DOUTNIKE FOX COXOCSS	3 8 13 \$ OSD.
Mailing Address  (X)	Description of Expenditure
State Zip Code (Plus 4)	1004/100
CLI (NICE)	Amount Amount
To Whom Poild	3 13 <b>\$</b> 45.
Mailing Address	Description of Expenditure  S
City State Zin Code (Plus 4)	
KCAMII INUTU	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$1445.69

#### SCHEDULE !!!

PAGE \_\_\_\_OF\_\_\_

Name of Filing Committee or Candidate	Reporting Peniad
Citizens for Donnelly	From 11113 To 5/6/3
To Whom Paid - o	3 12 13 \$ 45,00
Mappe BUP	Description of Expenditure
State   Zin Code (Plus 4)	Support Event
17 MA 19426- 1	Amount
my Whom Pelip! Costello Costello	3 15 13 \$ 250 00
Meiling Address	Description of Expenditure
City State Zip Code (Plus 4)	
	Amount S
Crade of Uberty Caraci BSA Mailing Address 10 110 1 5000 PC	Description of Expenditure
State Zip Code (Plus 4)	Event
Wayne PAIMOST	Amount C
French of Chuck McIlhinney	Quacription of Expenditure
Mailing Address	Suport-Event
City State Zip Code (Plus 4)	
To Whom Paid.	4 12 13 \$ 500.00
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
HOLMSDUCG PA 17-108 -	Amount
ansdale Kearblican Committee	Description of Expenditure
Mailing Address State   Zip Code (Plus 4)	Support-Event
Circansdale A 19446	Amount
To Whom Paid  COOLD FOR	4 15 D5 \$ 50,00
Mailing Address  TUE TYPS+ (ICE X D)	Description of Expenditure
City  City  CITY  State Zip Code (Plus 4)  CITY  CITY	
OUC DOLL	Amount 55.00
West anto Republican Committee Meiling Address	Description of Expenditure
City State Zip Code (Plus 4)	suppor com
Donstour PAIPHUY	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$1,400.

#### SCHEDULE III

ame of Filing Committee or Candidate		Reporting Period A	11/13
itizens for Donnel	IV	From	то 6/6/12
Whom Paid (Too Oo')		1776	Amount
miling Addyess 3.16	1	Description of Expenditure	\$ 1(X).~
P) 60x 549	State   Zip Code (Plus 4)	Sepont-a	) U 17
Greland	PA -		Amount
o Whom Paid		Description of Expenditure	s 250 ···
Halling Address  Typeson Hay	State   Zip Code (Plus 4)	Song Kec	eption
ary meta m	State   Zip Code (Pills 4)		Amount
whom Paid of Kate Hace	)e/	43013	\$ 250.
Mailing Address		Description of Expenditure	oest
Sity Socion House	State Zip Code (Plus 4	} V	
To Whom Paid		Me Son Since	Amount \$
Mailing Address		Description of Expenditure	
City	State Zip Code (Plus 4		
To Whom Paid		2077 W 20	Amount \$
Mailing Address		Description of Expenditure	•
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To Whom Paid		Description of Expenditure	\$
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City	State Zip Code (Plus	4)	
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