CAMPAIGN FINANCE REPORT

PAGE 1 OF

Filer Identification		t must be clear and	T	ay be typed or printe	d in blue or	black ink.)	
Number:			Report Filed By:	CANDIDATE	COMM	ITTEE 2	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: On The Committee, Candidate or Lobbyist: Street Address: Por Port 31c7							
Horsha				State: DA	Zip Coo	1 1 :	
TYPE OF	BTH THESOAY	1. 2ND PRIDA			3. AMENDA		5.35-57.69 5. No 90-
REPORT	GTH TUESDAY PRE-ELECTION	4. 2ND FRIDA	ý 5.V	POST PRIMARY 30 DAY POST ELECTION	TERMIN	ATION	
the right of report type)	ANNUAL REPORT	7. YEAR		FILING METHOD		rintels Til	DISKETTE
Name of Office Sough	nt by Candidate:			DATE OF ELECTI	Number	Code	Party County Code EP LLO TIONS FOR CODES)
		Mo. DAY	ÄR	MO. DAY YEA			ISE ONLY
Summary of Re and Expenditure		61120	213 To	MO. DAY YEAR	3 /		
A. Amount Brought			<u> </u>	100 FS		~	
B. Total Monetary	Contributions and R	leceipts (From Sche	dule I) \$	4 (551) (X		클럽의 5	- California
C. Total Funds Ava	ilable (Sum of Line	s A and B)	\$ 6	$\frac{1}{1}$		POST C	y Line
D. Total Expenditur	es (From Schedule	1(1)	\$	420996			ETPT PERSON
E. Ending Cash Bala	ance (Subtract Line	D from Line C)	\$	17.460.41		20년 :	i TT
F. Value of In-Kind	d Contributions Rec	eived (From Sched	ule II) \$	0		_	3
G. Unpaid Debts and Obligations (From Schedule IV)							
AFFIDAVIT SECTION PART 1:—1f this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.							
I swear (or efficin), the	t this report, including	ort ireasurer sign t ng the attached schedu	nere. If this iles, on paper o	is a Candidate report r computer diskette, are	t, candidate s	gn here.	and haliaf true
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. Swore to and subscript of Pennsylvania Bay of Notare Septiveda, Notary Public Hospital Typ, Mentgomery County, Member Pennsylvania Signature of Person Submitting Report MEMBER, PENNSYLVANIA PUBLICATION OF NOTARIES My commission expires MO. DAY YR. Area Code Daytime Telephone Number							
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.							
I swear for affirm) the (P.L. 1333, No. 320) as Syron to and subserver ay of the control of the	to the best of my land and the service of the servi	INSYLVANIA 20 Lary Public 1. 30, 2015	this political co	Man 9 W	d any provision	didate	f June 3, 1937
الاستعراضات ا	MO.	DAY YR.		Area Code	Da	ytime Telephon	e Number

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

CONTRIBUTIONS AND RECEIPTS

. Detailed Summary Page				
	porting Per From			
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS P	ER CONT	TRIBUTOR		
TOTAL for the Reporting Period	(1)	\$		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)				
Contributions Received from Political Committees (Part A)		s		
All Other Contributions (Part B)		\$ 2300 00		
TOTAL for the Reporting Period	(2)	\$ 2300.00		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART O	No. of the state o			
3. CONTRIBUTIONS OVER \$250,00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		\$		
All Other Contributions (Part D)		\$ 12,200,00		
TOTAL for the Reporting Period	(3)	\$ 12,200.00		
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHEC	KS, ETC			
TOTAL for the Reporting Period	(4)	\$ 150.00		
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.)		\$ 14,650.00		

PART B

ALL OTHER CONTRIBUTIONS

FAUE 3 UF C

\$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	
Citizens for Donnelly	From (0/11	13 TO 1021 13
Full Name of Contributor	DATE	AMOUNT
Mailing Agdress Full Name of Contributor Mailing Agdress	MO. DAY YEAR	
H7 Biers Rd	MO. DAY YEAR	
CHSUITE PA 18947 -	MO. DAY YEAR	
R 1 1 1 C 1 1 E =	MO. DAY YEAR	\$
Mailing Address	10 3 13 MO. DAY YEAR] \$ 200.00
State Zip Code (Pius 4)	10 19 13	\$ 200.00
Levi Hown PA 19054-	MO. DAY YEAR	\$
Full Name of Contributor KATMICEN ALICA MAGGA Mailing Address	MO. DAY YEAR	\$ 200.00
PO BOX 775	MO. DAY YEAR	
City State Zip Code (Plus A)	10 19 13 MO. DAY YEAR	\$200.00
Montgonery ville PA 18936-		\$
Full Name of Contributor MOMOS SHOLIA UMHKINS	MO. DAY YEAR	\$ 20000
Mailing Address Par Llo.	MO. DAY YEAR	\$ 200
Wannatin State 1897a-	MO. DAY YEAR	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address Mailing Address	10 19 13	\$ 200,00
27 Tice Ln.	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
[1]	MO. DAY YEAR	\$ m co
Mailing Address, Ally State Zip Code (Plus A)	MO. DAY YEAR	\$
Chalfunt PA 18914 -	MO. DAY YEAR	<u> </u>
Full Name of Contributor	MO. S. DAY YEAR	\$
Meiling Address Con Veneth III	10 19 13	\$ 200.00
59 Stone HID,	MO. DAY YEAR	\$
POHSTOILM State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	
Mailing Address Mailing Address	MO. DAY YEAR	\$100.00
City State Zip Code (Plus 4)		\$
Lansdale PAINHU-	MO. DAY YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 300.

ALL OTHER CONTRIBUTIONS

TAGE OF A

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		
Citizens for Donnelly		From(_	2 111	13 TO 10/21/13
Full Name of Contributor		DATE		AMOUNT
DB Ranta I	<u>₩0.</u>	DAY	YEAR	\$) () ∞
Mailing Address	MO.	DAY	YEAR	1 2,000.
City State Zip Code (Plus 4)	******			\$
Lansdale PA 119446	MO.	DAY	YEAR	\$
Employer Name	Occupat	ion	.ŧ	
Employer Mailing Address/Principal Place of Business			···	
same,				
KCOOCHO HOUGH / Cynthia Blass	MO.	DAY	YEAR	\$ 3∞0.∞
Mailing Address	Mo.	DAY	YEAR	
State Zip Code (Plus 4)			ļ <u></u>	\$
PERKASIC State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupati	-		
Employer Mailing Address/Principal Place of Business		4100	<u> </u>	
749 Easter Ld. Warnester PA 180	174)		
Alberto Toni Vennettili	MO.	DAY	YEAR	\$ 2000
Mailing Address	MO.	DAY	YEAR	• 00.
59 Stone HII)(.				\$
Potstourn DA 104114	MO.	DAY	YEAR	\$
Epriployer Name	Occupati	on .		
Employer Mailing Address/Principal Place of Business	900	ZINCE	0/	
1 1 1 COSTON ROLL WALLETT WILL THE 189	HU)		
Full Name of Contributor COCKOOSK	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$300, w
044 HOlly Dr.				\$
City State Zip Code (Plus 4) CM SQ Y -	MO.	DAY	YEAR	\$
Employer Name	Occupation	on ,	 .	
Employer Malling Address/Principal Place of Business	90	910	<u>eer</u>	——————————————————————————————————————
ma Eastin Rd. Warmatin PA 180	AU)		;
Eull Name of Contributor	MO.	DAY	YEAR	\$ 3m w
Mailing Address	MO.	DAY	YEAR	
City Concade Contage C				\$
Lansdale PA layyla	MO.	DAY	YEAR	\$
	Occupation		<u> </u>	11.00
Employer Mailing Address/Principal Riace of Business	Mo	nne	e/	
949 Eastin Rd. Wannatin PA 18976				
Enter Grand Total of Part D on Schedule I Detailed Summers		Castin	. ,	PAGE TOTAL

DSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS

PAGE S OF 9

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	- 1
Citizens for Donnelly	From (0 11)	13 1002112
	DATE	AMOUNT
Path Name of Contributor TENED D. GIMORE	10 3 13	\$3,5000
Mailing Address	MO DAY WEAR	
City State Zip Code (Plus 4)		\$
New Britain PA 18901-		\$
Employer Name	Oceupation	
Employer Mailing Address/Principal Place of Business	Chaineer	
105 E. Butle, Ave Ste. 100 New B	ntain PA	18901
Full Name of Contributor	MO: DAY YEAR	\$1000.00
Mailing Address	MO. DAY AR	
State Zio Code (Plus 4)		\$
State Zip Code (Plus 4)	MO DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business	Attorney	
375 Moms Rd. I ansidate PA 194	146	
Full Name of Contributor.	MO DAY	\$1000,00
Mailing Address	MO DAY YEAR	*1000·
1015 Measant Meadow Rd.		\$
Blue Bell PA 19422-	MONE COASE SAYEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business	LAttomery	
375 mons ld. I andale PA 194		
J. Edmund/Bernathe Mullin	MO STAY YEAR	\$1000,00
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	22.00 22.00	· ·
Lansdale PA 19446-		\$
Employer Name	Occupation OH7 (OP)	
Employer Mailing Address/Principal Place of Business	Anorma	***************************************
Sant		
Pull Name of Contributor NWIO/KATNICO (Q(O)	MO DAY YEAR	\$250000
Mailing Address	20.5 × 10.50 × 168 × 10.50 × 10.50	s
City State Zip Code (Plus 4)	Hoto Son Son Son Son Son Son Son Son Son So	
PE Kasie PA 18944		\$
Emptoyer Name SELF	Occupation	
Employer Mailing Address/Principal Place of Business		
(An F		
Enter Grand Total of Part D on Schedule I Detailed Summany	Down Continu	PAGE TOTAL

DSEB-502 (7-99)

OTHER RECEIPTS

FAUE UP 0

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	<u> </u>		Reportir	ng Period	
Citizens for Donne	-11(-	1	From		3 TO 10/21/13
	<u> </u>				2 10 to 10, 110
Full Name					
Mailing Address			· · · · · · · · · · · · · · · · · · ·		
314 E. Johnson Hw	. 1				
19 C. 30 1130 1 110	State	Zip Code (Plus 4)	T NAME OF TAXABLE		
Nomstown	100	19401-	MO. DAY	YEAR	\$ S
Beceipt Description	<u> </u>	111901	<u> </u>	<u> </u>	3 100
Event Cancelled					
Full Name				,	
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
	<u> </u>				\$
Receipt Description					
Full Name					
Mailing Address	 				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description	<u> </u>				\$
madipt baset priori					
Full Name			<u> </u>	<u> </u>	
	·				
Mailing Address					
City					
city	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description					\$
Full Name					
Mailing Address					
Mailing Address	-				
City	State	Tin Code (Dine A)			
	3,0,0	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Receipt Description	<u> </u>			L	3
					ļ
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
		_		(Page)	\$
Receipt Description			L	1	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period	
Citizens for Dannelly	From C L I	3 to 10/21/13
Frends of Panela Vasserman	MO. DAY YEAR	Amount S
Mailing Address	Description of Expenditure	
BOOWON RO. State Zip Code (Plus 4)	Suport	
Jenkintaun PA 19046		
Io Whom Paid	MO. DAY YEAR	\$ 55.68
Mailing Address	Description of Expenditure	
GIX Chestnut Ridge Rd. State Zip Code (Plus 4)	conference	,
Morgantown W Wolf		
To Whom Paid	MO. DAY YEAR	* 50.78
Mailing Address	Description of Expenditure	
Mailing Address VerSailles () State Zip Code (Plus 4)	Conference	2
T/W/LTO/T 1KYHO/OZ-		
To Whom Paid DISH on Morket	MO. DAY YEAR	Amount
Mailing Address	C 28 13 Description of Expenditure	\$ 30.10
John Control Control	conference	2
Louis VIIIC KY140202		
To Whom Paid	MO. DAY YEAR	Amount (9,7)
Mailing Address	Description of Expenditure	
Gity State Zip Code (Plus 4)	Conference	
Louisville KY 400Z-		
Dodges Store	MO. DAY YEAR	Amount \$ 55.81
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)	conference	
Muldrauan IKY14055		
MOVOTHON POTY	MO. DAY YEAR	* (02.23
Mailing Address	Description of Expenditure	_
City State Zip Code (Plus 4)	Conference	<u> </u>
Meston MAJA157		
Calt House Hotel	MO: DAY YEAR	Amount 39. 85
Mailing Address ILON: L+10 St,	Description of Expenditure	_
City State Zip Code (Plus 4)		
		PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D.	\$1300.17
		7,000.17

SCHEDULE III

STATEMENT OF EXPENDITURES

•	•~~		_	0	
		- X -		\neg	
		U			

Name of Filing Committee or Candidate	Reporting Period
Citizens for Donnelly	From (11113 To 102113
To Whom Paid	MO VEAR Amount
Mailing Address	7 5 13 \$ (01.54
200 Easton Pa	Description of Expenditure
City State Zip Code (Plus 4)	
ETC Foundation	MO DAY YEAR Amount
Mailing Address	Description of Expenditure
PO COX 1507	Denation
City State Zip Code (Plus 4)	
HOISMAN PAINOUY	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
410 lecrace RO.	domains
Plumouth meeting State Zip Code (Plus 4)	
To Whom Paid	In the second second Amount
Cate (Mistrum PA)	MO. DAY YEAR Amount S
Mailing Address	Description of Expenditure
0.14.	donation
State Zip Code (Plus 4) OA 19404	1
To Whom Peid	MO. DAY YEAR Amount
thacads at Marau locael	8 29 13 \$ 75.00
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	Signit
Gibertsuile BAIRS25-	
To Whom Paid	MO. DAY YEAR Amount
MontroJudges Moiling Address	9 9 13 \$ 150,00
VIO C VO IO $S+$	Description of Expenditure
City State Zip Code (Plus 4)	DUBLIKT
110mstoun PA 119901-	
To Whom Paid	MO. DAY YEAR Amount
Amening Address ? Italian Hentage Courcil Inc.	Description of Expenditure
2050 Augubon Rd.	Description of Expenditure
City State Zip Code (Plus 4)	
Huduban PA 19403	
To-Whom Paid	MO: DAY YEAR Amount 56.37 Description of Expenditure
Mailing Address	Description of Expenditure
DOI 1013 1011 140	meeting
State Zip Code (P) us 4) HOS DA DA VICE	
TELLEDY'	I DA OF YOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	PAGE TOTAL S A S
and didie inter of Exhaustration out 1 ale it trebott ontel 1	age, item v. ■\$ → &(), X

SCHEDULE III

STATEMENT OF EXPENDITURES

	Reporting Period /
Name of Filing Committee or Candidate	From (0/11/13) To 10/21/13
Citizens for Donnelly	
Frends of Ron Trask	MO. DAY YEAR Amount 40.00
Majling Address	Description of Expanditors
Majling Address HOTORCERO. State Zip Code (Plus 4)	Meenng
Plymouth Meeting DA 194102	
To Whom Paid Lep. Comm.	MO. DAY YEAR Amount \$/OO. CO
Marting Address	Description of Expenditure
Maiting Address PENNHY PLWY City CASSAGE PA 1944	
En Whom Paid Lee to Elect Don Gracia	MO. DAY. YEAR Amount \$ 100.
2001 Eiseann vec O	Description of Expenditure
East non ton PA 10405	
	MO: DAY YEAR Amount 9 20 13 \$ 40.00
To Whom Paid Spingfield Twp. Rep. Comm. Milling Address PD BOX 500	Description of Expenditure
City State Zip Code (Plus 4)	
Flow town DA 19031-	MO: DAY YEAR Amount
Mailing Address Mailin	107 13 \$ 90.00
Mailing Address Salamone (Ridge D):	Description of Expenditure
City State Zip Code (Plus 4) A GYUL-	
To Whom Paid TOYS Nam Pub Malling Address:	MO. DAY YEAR Amount \$ 50.34
Mailing Address;	Description of Expenditure
City State Zip Code (Plus 4)	meeting
Ambled PAIMOL-	MO. DAY YEAR Amount
Anthony's Coal Ficed Pizza	10 17 13 \$ 58.69
Meiling Address	Description of Expenditure MCCTING
City State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount 50.00
Mailing Address Johnson Hwy	Description of Expenditure Fallevent
Nomstown PA 1940+	
V / C / 13/0-C /	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	Page, Item D. $\mathbf{s} \supset \Im \mathcal{S} \mathcal{S}$