

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <sup>1</sup>		COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3</sup>			
Name of Filing Committee, Candidate or Lobbyist: <u>Citizens for Donnelly</u>											
Street Address: <u>PO Box 347</u>											
City: <u>Horsham</u>				State: <u>PA</u>		Zip Code: <u>19044 -</u>					
TYPE OF REPORT  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST PRIMARY		AMENDMENT REPORT?		YES	NO	
	4		5		6 <input checked="" type="checkbox"/>		TERMINATION REPORT?		YES	NO	
	7		YEAR <u>2015</u>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER		<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR				
					<u>11</u>	<u>3</u>	<u>2015</u>	<u>46</u>		<u>REP</u>	<u>46</u>
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:				MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY	
				<u>10 20 2015</u>			To <u>11 23 2015</u>				
A. Amount Brought Forward From Last Report				\$ <u>36,605.25</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <u>4,500.00</u>							
C. Total Funds Available (Sum of Lines A and B)				\$ <u>41,105.25</u>							
D. Total Expenditures (From Schedule III)				\$ <u>5,415.26</u>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <u>35,689.99</u>							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <u>0</u>							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <u>0</u>							

**AFFIDAVIT SECTION**

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

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

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Michelle L. Sepulveda, Notary Public  
 Horsham Twp., Montgomery County  
 My Commission Expires Sept. 30, 2019  
 My commission expires MO. DAY YR.  
30 19 2019

Jano Spino  
 Signature of Person Submitting Report  
Louis Spino  
 Printed Name  
215 852-8429  
 Area Code Daytime Telephone Number

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Michelle L. Sepulveda, Notary Public  
 Horsham Twp., Montgomery County  
 My Commission Expires Sept. 30, 2019  
 My commission expires MO. DAY YR.  
30 19 2019

William E. Donnelly  
 Signature of Candidate  
William E. Donnelly  
 Printed Name  
215 343-4806  
 Area Code Daytime Telephone Number

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <u>Citizens for Donnelly</u>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$	<u>0</u>
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)	\$	<u>0</u>
All Other Contributions (Part B)	\$	<u>0</u>
TOTAL for the Reporting Period	(2)	\$

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)	\$	<u>0</u>	
All Other Contributions (Part D)	\$	<u>4500.<sup>00</sup></u>	
TOTAL for the Reporting Period	(3)	\$	<u>4500.<sup>00</sup></u>

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$	<u>0</u>
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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	<u>4500.<sup>00</sup></u>
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**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 <b>Citizens for Donnelly</b>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Dale Caya				11	18	15	\$ 2,500.00
Mailing Address 1 Linden Circle				MO.	DAY	YEAR	\$
City Sellersville		State PA	Zip Code (Plus 4) 18960-	MO.	DAY	YEAR	\$
Employer Name Grim Biehn + Thatcher				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 104 S 6th St Pottsville, PA 18944							
DB Rental				11	18	15	\$ 2,000.00
Mailing Address 1800 Rembrock Pkwy Ste 200 Pox 107				MO.	DAY	YEAR	\$
City Lansdale		State PA	Zip Code (Plus 4) 19446-	MO.	DAY	YEAR	\$
Employer Name same				Occupation same			
Employer Mailing Address/Principal Place of Business same							
				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							
				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							
				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  
\$

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>10/20/15</b> To <b>11/23/15</b>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<b>MOICC</b> Mailing Address: <b>260 Penlynn Blue Bell Pk. #240</b> City: <b>Blue Bell</b> State: <b>PA</b> Zip Code (Plus 4): <b>19422</b>	<b>10</b>	<b>20</b>	<b>15</b>	<b>\$ 5,000.00</b>	<b>Support</b>
<b>Friends of Chuck Wilson</b> Mailing Address: <b>PO Box 166</b> City: <b>Lansdale</b> State: <b>PA</b> Zip Code (Plus 4): <b>19440</b>	<b>10</b>	<b>29</b>	<b>15</b>	<b>\$ 100.00</b>	<b>Support</b>
<b>Dunkin Donuts</b> Mailing Address: <b>334 Easton Rd</b> City: <b>Warminster</b> State: <b>PA</b> Zip Code (Plus 4): <b>18977</b>	<b>11</b>	<b>3</b>	<b>15</b>	<b>\$ 30.99</b>	<b>election day help</b>
<b>Millers Ale House</b> Mailing Address: <b>2300 Easton Rd</b> City: <b>Willow Grove</b> State: <b>PA</b> Zip Code (Plus 4): <b>19070</b>	<b>11</b>	<b>6</b>	<b>15</b>	<b>\$ 30.25</b>	<b>meeting</b>
<b>Loine + Sprint</b> Mailing Address: <b>1973 Nomstown Rd</b> City: <b>Marie Glen</b> State: <b>PA</b> Zip Code (Plus 4): <b>19002</b>	<b>11</b>	<b>13</b>	<b>15</b>	<b>\$ 39.20</b>	<b>meeting expense</b>
<b>Staples</b> Mailing Address: <b>1025 N Easton Rd.</b> City: <b>Willow Grove</b> State: <b>PA</b> Zip Code (Plus 4): <b>19070</b>	<b>11</b>	<b>23</b>	<b>15</b>	<b>\$ 196.00</b>	<b>mailing</b>
<b>KA-PAP Inc/Lancers</b> Mailing Address: <b>858 Easton Rd.</b> City: <b>Horsman</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>11</b>	<b>23</b>	<b>15</b>	<b>\$ 18.82</b>	<b>meeting</b>
 Mailing Address: City: State: Zip Code (Plus 4): -	 	 	 	 \$	 

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$5,415.26**