

# 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: <span style="float:right">▶</span>		Report Filed By: <span style="float:right">▶</span>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>					
Name of Filing Committee, Candidate or Lobbyist: <b>Citizens for Donnelly</b>													
Street Address: <b>PO Box 307</b>													
City: <b>Horsesham</b>					State: <b>PA</b>		Zip Code: <b>19044</b>						
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT	<input type="checkbox"/>	YEAR: <b>2019</b>	FILING METHOD ( ) CHECK ONE <span style="float:right">▶</span>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>					
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code			
					MO.	DAY	YEAR						
					<b>5</b>	<b>21</b>	<b>2019</b>	<b>46</b>		<b>REP</b>	<b>410</b>		
(SEE INSTRUCTIONS FOR CODES)													
Summary of Receipts and Expenditures from: <span style="float:right">▶</span>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 19 APR - 3 AM 10: 01 OFFICE OF VOTER SERVICES MONTG. CO. PA			
			<b>1</b>	<b>1</b>	<b>2019</b>	To	<b>4</b>	<b>1</b>	<b>2019</b>				
A. Amount Brought Forward From Last Report			\$ <b>22895.65</b>										
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>0</b>										
C. Total Funds Available (Sum of Lines A and B)			\$ <b>22895.65</b>										
D. Total Expenditures (From Schedule III)			\$ <b>3038.85</b>										
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>19856.80</b>										
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <b>0</b>										
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <b>0</b>										

### 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 day of <b>APRIL</b> NOTARIAL SEAL Michelle L. Sepulveda, Notary Public Horsesham Twp, Montgomery County My Commission Expires Sept. 30, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES My commission expires MO. <b>30</b> DAY <b>19</b> YR.	} <i>Louis Spino</i> Signature of Person Submitting Report <b>LOUIS SPINO</b> Printed Name <b>215</b> <b>852.8429</b> Area Code Daytime Telephone Number
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**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 day of <b>APRIL</b> NOTARIAL SEAL Michelle L. Sepulveda, Notary Public Horsesham Twp, Montgomery County My Commission Expires Sept. 30, 2018 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES My commission expires MO. <b>30</b> DAY <b>19</b> YR.	} <i>William E. Donnelly</i> Signature of Candidate <b>William E. Donnelly</b> Printed Name <b>215</b> <b>343.4806</b> Area Code Daytime Telephone Number
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# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <u>1/1/19</u> To <u>4/1/19</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>

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)	\$ <u>0</u>

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>0</u>
TOTAL for the Reporting Period	(3)	\$ <u>0</u>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ <u>0</u>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>1/1/19</b> To <b>4/1/19</b>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<b>Red Lion</b> Mailing Address: <b>1520 Easton Rd</b> City: <b>Horsnam</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>1</b>	<b>7</b>	<b>19</b>	<b>\$ 20.00</b>	<b>meeting</b>
<b>USPS</b> Mailing Address: <b>575 Horsnam Rd D38</b> City: <b>Horsnam</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>1</b>	<b>9</b>	<b>19</b>	<b>\$ 7.41</b>	<b>stamps</b>
<b>ATRO</b> Mailing Address: <b>PO Box 615</b> City: <b>Abington</b> State: <b>PA</b> Zip Code (Plus 4): <b>19001</b>	<b>1</b>	<b>22</b>	<b>19</b>	<b>\$ 25.00</b>	<b>support</b>
<b>MCC Chairman Club</b> Mailing Address: <b>200 Penlyn Blue Bell PL #240</b> City: <b>Blue Bell</b> State: <b>PA</b> Zip Code (Plus 4): <b>19422</b>	<b>1</b>	<b>22</b>	<b>19</b>	<b>\$ 1,000.00</b>	<b>support</b>
<b>CTRO</b> Mailing Address: <b>7423 Barclay Rd</b> City: <b>Cheltenham</b> State: <b>PA</b> Zip Code (Plus 4): <b>19012</b>	<b>2</b>	<b>19</b>	<b>19</b>	<b>\$ 250.00</b>	<b>support</b>
<b>IJO</b> Mailing Address: <b>110 Horizon Drive # 210</b> City: <b>Raleigh</b> State: <b>NC</b> Zip Code (Plus 4): <b>27615</b>	<b>2</b>	<b>20</b>	<b>19</b>	<b>\$ 100.00</b>	<b>membership</b>
<b>Commonwealth Club</b> Mailing Address: <b>112 State St.</b> City: <b>Harrisburg</b> State: <b>PA</b> Zip Code (Plus 4): <b>17101</b>	<b>2</b>	<b>25</b>	<b>19</b>	<b>\$ 1000.00</b>	<b>support</b>
<b>William Donnelly</b> Mailing Address: <b>PO Box 367</b> City: <b>Horsnam</b> State: <b>PA</b> Zip Code (Plus 4): <b>19044</b>	<b>2</b>	<b>28</b>	<b>19</b>	<b>\$ 100.00</b>	<b>reim supplies</b>

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

PAGE TOTAL  
**\$2502.41**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Citizens for Donnelly</b>	Reporting Period From <b>1/1/19</b> To <b>4/1/19</b>
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To Whom Paid <b>Team Fitz</b>	MO. <b>3</b>	DAY <b>11</b>	YEAR <b>19</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>PO Box 30844</b>				
Description of Expenditure <b>Support</b>				
City <b>Bethesda</b>	State <b>MD</b>	Zip Code (Plus 4) <b>20824</b>		

To Whom Paid <b>Committee to Re-Elect Mary Smithson</b>	MO. <b>3</b>	DAY <b>14</b>	YEAR <b>19</b>	Amount <b>\$ 250.00</b>
Mailing Address <b>To be obtained</b>				
Description of Expenditure <b>Support</b>				
City <b>To be obtained</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>Committee to Re-Elect Zappone</b>	MO. <b>3</b>	DAY <b>28</b>	YEAR <b>19</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>To be obtained</b>				
Description of Expenditure <b>Support</b>				
City <b>To be obtained</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		

To Whom Paid <b>Red Lion</b>	MO. <b>4</b>	DAY <b>1</b>	YEAR <b>19</b>	Amount <b>\$ 76.44</b>
Mailing Address <b>1520 Easton Rd</b>				
Description of Expenditure <b>Meeting</b>				
City <b>Horsham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19044</b>		

To Whom Paid <b>Friends of Todd Stephens</b>	MO. <b>4</b>	DAY <b>1</b>	YEAR <b>19</b>	Amount <b>\$ 50.00</b>
Mailing Address <b>300 E. Moreland Ave</b>				
Description of Expenditure <b>Support</b>				
City <b>Hatboro</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19040</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>		

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

PAGE TOTAL  
**\$ 536.44**