

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> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <b>Donovan For Allentown</b>											
Street Address: <b>122 N. West Street</b>											
City: <b>Allentown</b>					State: <b>PA</b>		Zip Code: <b>18102 -</b>				
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT <sup>7.</sup> <input type="checkbox"/>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <b>Allentown Mayor</b>					DATE OF ELECTION MO. DAY YEAR <b>11 5 2013</b>		District Number	Office Code	Party Code	County Code	
							(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:			MO. DAY YEAR <b>10 21 2013</b>			To			MO. DAY YEAR <b>11 26 2013</b>		
A. Amount Brought Forward From Last Report					\$ <b>2,764.15</b>						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <b>780.00</b>						
C. Total Funds Available (Sum of Lines A and B)					\$ <b>3,544.15</b>						
D. Total Expenditures (From Schedule III)					\$ <b>3,544.15</b>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <b>0</b>						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <b>55.00</b>						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <b>0</b>						
FOR OFFICE USE ONLY											
RECEIVED 13 DEC -3 PM 10:00 CLERK OF COUNTY											

**AFFIDAVIT SECTION**

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

(or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, and complete.

to and subscribed before me this  
9<sup>th</sup> day of November 20 13

Signature

Commission expires 09 09 17  
 MO. DAY YR.

William J. Hoffman  
 Signature of Person Submitting Report

William J. Hoffman  
 Printed Name

484 695-1157  
 Area Code Daytime Telephone Number

PAR II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

(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 (Act 333, No. 320) as amended.

to and subscribed before me this  
9<sup>th</sup> day of November 20 13

Signature

Commission expires 09 09 2017  
 MO. DAY YR.

William Michael Donovan  
 Signature of Candidate

WILLIAM MICHAEL DONOVAN  
 Printed Name

610 351-0856  
 Area Code Daytime Telephone Number

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

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Jessica L. Gammeter, Notary Public  
 South Whitehall Twp., Lehigh County  
 My Commission Expires Sept. 9, 2017  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Donovan For Allentown</b>	Reporting Period From <b>10/21/2013</b> To <b>11/26/2013</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>280.00</b>

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>0</b>
All Other Contributions (Part D)	\$ <b>500.00</b>
TOTAL for the Reporting Period (3)	\$ <b>500.00</b>

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

<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.)	\$ <b>780.00</b>
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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>Donovan For Allentown</b>	Reporting Period From <u>10/21/2013</u> To <u>11/26/2013</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Donald Ringer</b>	10	23	2013	\$ 500.00
Mailing Address 1801 Liberty Street	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer Name <b>Self Employed</b>	Occupation <b>Bar/Restaurant owner</b>			
Employer Mailing Address/Principal Place of Business <b>Ringer's Roast</b>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	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	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	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	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  
\$

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Donovan For Allentown</b>	Reporting Period From <b>10/21/2013</b> to <b>11/26/2013</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
W. Michael Donovan Mailing Address: 122 N. West Street City: Allentown State: PA Zip Code (Plus 4): 18102-	11	04	2013	\$ 100.00
Description of Expenditure: <b>Loan Repayment</b>				
W. Michael Donovan Mailing Address: See Above City: State: Zip Code (Plus 4):	11	06	2013	\$ 900.00
Description of Expenditure: <b>Expense Reimbursement</b>				
Bryan Kleiner Mailing Address: 1837 Allen Street City: Allentown State: PA Zip Code (Plus 4): 18105-	11	07	2013	\$ 1,810.00
Description of Expenditure: <b>Consulting Services</b>				
Richard Fegley Mailing Address: 1002 S. Bradford Street City: Allentown State: PA Zip Code (Plus 4): 18103-	11	10	2013	\$ 473.95
Description of Expenditure: <b>Reimbursement For Door Hangers</b>				
W. Michael Donovan Mailing Address: See Above City: State: Zip Code (Plus 4):	11	13	2013	\$ 230.00
Description of Expenditure: <b>Expense Reimbursement</b>				
W. Michael Donovan Mailing Address: See Above City: State: Zip Code (Plus 4):	11	24	2013	\$ 28.29
Description of Expenditure: <b>Expense Reimbursement</b>				
PayPal Mailing Address: 2211 North First Street City: San Jose State: CA Zip Code (Plus 4): 95131-	VARIOUS			\$ 1.91
Description of Expenditure: <b>Contribution Processing Fees - Multiple</b>				
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  
**\$ 3,544.15**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <b>Donovan For Allentown</b>	Reporting Period From <u>10/21/2013</u> To <u>11/26/2013</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <b>0</b>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <b>55.00</b>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <b>55.00</b>
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>Donovan For Allentown</b>	Reporting Period From <b>10/21/2013</b> To <b>11/26/2013</b>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>William J. Hoffman</b>	<b>11</b>	<b>05</b>	<b>2013</b>	<b>\$ 55.00</b>
Mailing Address <b>1518 W. Pennsylvania st</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18102-</b>	MO.	DAY	YEAR	\$
Description of Contribution: <b>Ballons</b>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
**\$ 55.00**