

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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: WILLIAM MICHAEL DONOHAN									
Street Address: 122 N WEST ST									
City: ALLENTOWN				State: PA		Zip Code: 18102-			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	X	DISKETTE

Name of Office Sought by Candidate: ALLENTOWN MAYOR				DATE OF ELECTION MO: 5 DAY: 21 YEAR: 2013				District Number	Office Code	Party Code	County Code
								074	074		39
(SEE INSTRUCTIONS FOR CODES)											

Summary of Receipts and Expenditures from:	MO: 1 DAY: 1 YEAR: 2013	To	MO: 5 DAY: 9 YEAR: 2013	FOR OFFICE USE ONLY 2013 MAY -9 PM 12:13 ELECTION DIVISION OF LEHIGH COUNTY			
	A. Amount Brought Forward From Last Report	\$	0				
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0				
	C. Total Funds Available (Sum of Lines A and B)	\$	0				
	D. Total Expenditures (From Schedule III)	\$	498.25				
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	(-498.25)				
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	0				
	G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				

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

9th day of MAY COMMONWEALTH OF PENNSYLVANIA 2013

Notarial Seal
 Cheryl L. Werkhiser, Notary Public
 Signature Bacon Twp., Lehigh County
 My Commission Expires Aug. 26, 2015
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting Report
William M. Donohue

Printed Name
William M. Donohue

Area Code: 610 Daytime Telephone Number: 428-8749

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

____ day of _____ 20____

Signature

My commission expires MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate WILLIAM MICHAEL DONOVAN	Reporting Period From 1/1/2013 To 5/9/2013
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

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

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

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

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.)	\$ 0
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate WILLIAM MICHAEL DONOJAN	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
---	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ 0

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B
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 WILLIAM MICHAEL DONOHUE	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

PAGE TOTAL	\$ <u>0</u>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 <p style="text-align: center;">WILLIAM MCKENNA DEL DORSOUAN</p>	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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				DATE			AMOUNT
Full Name of Contributor				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							
Full Name of Contributor				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							
Full Name of Contributor				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							
Full Name of Contributor				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							
Full Name of Contributor				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	
\$	0

PART E
OTHER RECEIPTS

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>WILLIAM MICHAEL DONOVAN</u>	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								
Full Name							Amount	
Mailing Address							\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR			
		-						
Receipt Description								

PAGE TOTAL	\$ <u>0</u>
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <u>WILLIAM MICHAEL DOBOSAN</u>	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <u>0</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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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 <u>WILLIAM MICHAEL DONOVAN</u>	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

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

PAGE TOTAL \$ <u>0</u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <u>WILLIAM MICHAEL DUNOVAN</u>	Reporting Period From <u>1/1/2013</u> To <u>5/9/2013</u>
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				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

PAGE TOTAL
\$ <u>0</u>

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
WILLIAM MICHAEL DONOVAN				From 1/1/2013 To 5/9/2013			

To Whom Paid			MO.	DAY	YEAR	Amount
1105T MY SITE			JAN	26	2013	\$ 155.40
Mailing Address 650 PENCADER DRIVE			Description of Expenditure WEB SITE HOSTING			
City	State	Zip Code (Plus 4)				
NEWARK	DE	19702-				
To Whom Paid			MO.	DAY	YEAR	Amount
WEBEY, INC.			Y	7	2013	\$ 49.95
Mailing Address 564 PACIFIC AVE			Description of Expenditure DOMAIN REGISTRATIONS			
City	State	Zip Code (Plus 4)				
SAN FRANCISCO	CA	94133-				
To Whom Paid			MO.	DAY	YEAR	Amount
GO DADDY.COM			Y	9	2013	\$ 74.13
Mailing Address 1455 NORTH HAYDEN ROAD SUITE 219			Description of Expenditure DOMAIN REGISTRATIONS			
City	State	Zip Code (Plus 4)				
SCENSDALE	AZ	85260-				
To Whom Paid			MO.	DAY	YEAR	Amount
GREATER LEMIGH VALLEY CHAMBER OF COMM			4	19	2013	\$ 35.00
Mailing Address 158 NORTHAMPTON STREET STE A			Description of Expenditure CHAMBER/HAMILTON ST			
City	State	Zip Code (Plus 4)				
EASTON	PA	18042-	ANNUAL DINNER			
To Whom Paid			MO.	DAY	YEAR	Amount
ARTS OVATION			4	23	2013	\$ 35.00
Mailing Address 1852 S WOOD ST			Description of Expenditure ALLENTOWN ARTS OVATION			
City	State	Zip Code (Plus 4)				
ALLENTOWN	PA	18103-	AWARDS DINNER			
To Whom Paid			MO.	DAY	YEAR	Amount
OFFICE DEBAT			4	30	2013	\$ 13.77
Mailing Address 480 SO CEDAR CREST BLVD			Description of Expenditure BUSINESS CARDS			
City	State	Zip Code (Plus 4)				
ALLENTOWN	PA	18104-				
To Whom Paid			MO.	DAY	YEAR	Amount
DONOVAN FOR ALLENTOWN COMM			4	24	2013	\$ 100.00
Mailing Address 122 N WEST ST			Description of Expenditure LOAN TO CANDIDATE			
City	State	Zip Code (Plus 4)				
ALLENTOWN	PA	18102-				
To Whom Paid			MO.	DAY	YEAR	Amount
COUNTY OF LEMIGH			5	9	2013	\$ 25.00
Mailing Address 17 S. 7th STREET			Description of Expenditure CANDIDATE REGISTRATION			
City	State	Zip Code (Plus 4)				
ALLENTOWN	PA	18102-	WITH COUNTY			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 488.25
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SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate WILLIAM MICHAEL DONOVAN					Reporting Period From 1/1/2013 To 5/9/2013				
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Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Name of Creditor					Outstanding Balance of Debt \$				
Mailing Address				DATE DEBT INCURRED	MO.	DAY	YEAR		
City				State	Zip Code (Plus 4)				
Description of Debt									

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL \$ 0				
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