

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	<input checked="" type="checkbox"/> CANDIDATE	<input type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ROBERT J. DOUCHEZ							
STREET ADDRESS 377 Devonshire Drive							
CITY Bethlehem		STATE PA.	ZIP CODE 18017				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	Mayor of City of Bethlehem		City of Bethlehem	Democrat	MO.	DAY	YEAR
	1. 6TH TUESDAY PRE-PRIMARY						
	2. 2ND FRIDAY PRE-PRIMARY						
	3. 30 DAY POST-PRIMARY						
	4. 6TH TUESDAY PRE-ELECTION						
	5. 2ND FRIDAY PRE-ELECTION						
6. 30 DAY POST-ELECTION							
<input checked="" type="checkbox"/> ANNUAL REPORT							
DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY			
MO. DAY YEAR		MO. DAY YEAR					
11 27 18		TO 12 31 18					
CASH BALANCE AT END OF REPORTING PERIOD:				\$ - 0 -			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ - 0 -			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

PART I -

AFFIDAVIT SECTION



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

filer identification Number 20140238	Report Filed By (Mark X) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist FRIENDS OF BOB DONCHEZ PAC	
Street Address 377 DEVONSHIRE DRIVE	
City Bethlehem	State PA.
Zip Code 18017	

Type of Report (Place x under report type)

1-6 Tuesday Pre-Primary	2-23 Friday Pre-Primary	3-30 Day Post Primary	4-6 Tuesday Pre-Election	5-7 Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2- Friday Pre-Election	Special 30-Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Election (MM/DD/YYYY) _____ Year _____

Amendment Report Termination Report

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount of Cash Forwarded from Last Report	11/27/2018	12/31/2018	
B. Total Monetary Contributions and Receipts (from schedule I)			
C. Total Funds Available (Sum of lines A and B)			
D. Total Expenditures (from schedule III)			
E. Ending Cash Balance (Subtract line D from line C)			
F. Value of in-kind contributions received (from schedule II)			
G. Unpaid Debt and Obligations (from schedule IV)			

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

Notary Seal
 Public
 County
 November 17, 2021
 Notary Number: 1164267
 PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **20140238** **FRIENDS OF BOB DONCHEZ PAC**

To Whom Paid	FRIENDS OF BAYAN CALAHAN			Date [MM/DD/YYYY]	12/14/2018	\$	200.00 -
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	BETHLEHEM	PA.		18017	Bethlehem City Council Political Campaign		
To Whom Paid	FRIENDS OF JEANNE McNEILL			Date [MM/DD/YYYY]	12/14/18	\$	250.00 -
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	1080	SCHADT AVE.	PA.	18052	Contribution/Political Campaign		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		