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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				HALF OF	CANDIDATE	X	COMMITTEE	2 10	3.
NAME OF FILING COMMI	TTEE, CANDIDATE OR LOBBYTET Robert J.	DONCHEZ							
STREET ADDRESS		onshire D	Rive						
СПУ	Bethlehe	\sim	STATE	PA.		211P CC	801J		
TYPE OF REPORT (CHECK ONE)				istract no. Lity of Yethlehem	party Devy	5	DAT MO.	DAY	YEAR
6th Tuesday Pre-Primary				· · · · · · · · · · · · · · · · · · ·			FOR C	O8 FFICE USE	ONLY ONLY
ZND FRIDAY PRE-PRIMARY	2. DATES OF REPORTING PERIOD	NO. DAY YEAR 10 25 2011		8 2011					
30 DAY POST-PRIMARY	CASH BA	LANCE AT END		-0-					
6TH TUESDAY PRE-ELECTION	TOTAL A	RTING PERIOD:	\$						
2ND FRIDAY PRE-ELECTION	UUISIAN	Ding debts or liab ND of reporting pr		-0-					
30 DAY POST-ELECTION	\triangleleft —	AMENDMENT YES	NO	7					
ANNUAL REPORT		TERMINATION YES	NO	3					
			FIDAVIT SE	CTION					•

PARTI-

If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here. If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbvist, the Lobbvist must sign here.

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Hanover Twp., Northampton County PARTCHmnission Expires Sept. 23, 2012

Histatement is filed on Befall of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE JUNE 3, 1937 (P.L. 1333, No. 3	BEST OF MY KNO 20) AS AMENDED	WLEDGE AND BELIE).	F THIS POLITICAL COMMITTEE I	HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIBED BEF	ORE ME THIS	20	••••••••••••••••••••••••••••••••••••	SIGNATURE OF CANDIDATE
SIGNAT	RE			PRINTED NAME
MY COMMISSION EXPIRES	DAY	YR.	AREA CODE	DAYTIME TELEPHONE NUMBER
	12 a.			

Department of State • Bureau of Commissions, Elections and Legislation 303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280 Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF

(NOTE: This	report must be	clear	and le	aible.	It may	/ be	typed	or	printed i	n blue	or	black	ink.)
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Filler Identification			Repo Filed			Candi	DATE 1.	COMB	ITTEE V		3 IYIST
Name of Filing Com	mittee, Candidate or I FRIENC		Da	ONC	HEZ	•					
Stra:et Address:	, , , , , , , , , , , , , , , , , , ,	Devoushike	~ ~	RIVE							
Cit y:		•		1.00	S	tate QA		Zip Co			
	BEthle	I. ZND FRID		2.				AMENED	210	-	/
TYPE OF REPORT	STH TUESDAY	PRE-PRIM			20 D PG3	r snim/	******	REPORT		ES	NC
tiplace X to	STH TUESDAY PRE-ELECTION	4. SND FRIDA PRE-ELECT		5.	so o Pos	AY ELLECT	ION X	TERMIN REPORT	AND CONTRACTOR OF A	ES	NO
the right of report type)	ANNUAL	7. YEAR				00000000 1931-2000		PAP	я 🗼	OISKI	
Name of Office Soug		3 F		8			ELECTION	District Number	Office Code	Party Code	Coun
Cit	(Council						YEAR	< 47 GE	OTH	Demo	48
						08	2011	Bethielan		RUCTIONS	
Summary of R	acainte	MO. DAY	7		a Mich		YEAR		or offic	e use o	NEY
and Expenditur	res from:	10 as ao	11	То	1/	98	2011				
A. Amount Brought	t Forward From La	st Report		\$ 34	t, 24	8.62	2				
B. Total Monetary	Contributions and I	Receipts (From Sche	dule I)	\$,05	0.0	ර			•	
C. Tiotal Funds Ava				\$ 3	5,2	98.6	2				
D. Testal Expenditur				\$ 8	72.1	(
E. Ending Cash Bala				\$ઝ∟	1,4	26.5	-1				
		ceived (From Sched	ule II)	<u>\$</u>]]	,70	8.02	>				
G. Unipaid Debts an	d Obligations (Fron	n Schedule IV)		\$	-0)					
		nge ze or were regin p									
		OFI. Transient sign t		don		*************				dge and be	lief true
Swa											
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2 (***** 23))))))))))))))))))))))))))))))))						PTC 8837	allosino ber				
P											3, 1937
S											
N											
Michelle Meli	, Notary Public									ump	er
Hanover Twp., No	orthampton County	of State Bure	nu of C	Commi	sione	Electi	ons and La	aiclation			

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SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF BUD DONCHEZ From 10/25/201 To 11/28/204

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

\$ -0

(1)

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PARTIA AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250.00-
All Other Contributions (Part B)	\$ 300.00 -
TOTAL for the Reporting Period (2)	\$ 550.00 -

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

4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	eks en	() ()	;(8)},((3);	S. 1993	
TOTAL for the Reporting Period	(4)	\$	-0-		

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	
THIS REPORTING PERIOD (Add and enter amount totals from	\$1,050.00-
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	1,000:00
Cover Page, Item B.)	the second second second research the second se

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				Reporting		
FRIENDS OF Bub DONCHE	Z			From <u>JO</u>	1/22/2011	To 11/28/2011
				DATE		AMOUNT
Full Name of Contributing Committee						\$ 2 = 2 0 d
CITIZENS FOR GENN BEIG Mailing Address	SmA	د	11	1 10	2011	\$250.00-
1231 LIEB ROAD			COM			\$
City City	State	Zip Code (Plus 4)	MIC	DAY	NYEAT.	
EASTON	PA.	18042 -				\$
Full Name of Contributing Committee				DAY		\$
Mailing Address				DAY		æ
						\$
City	State	Zip Code (Plus 4)		DAY	NEAR	*
		-				\$
Full Name of Contributing Committee			Ma	DAY	XEAR	\$
Mailing Address				DAY		
				T		\$
City	State	Zip Code (Plus 4)		DAY	NY ZAH	^
		-				\$
Full Name of Contributing Committee				CAY	YEAR	\$
Mailing Address			Mich	DAY		
						\$
City	State	Zip Code (Plus 4)		PAY		*
		-				\$
Full Name of Contributing Committee			<u>COMIC:</u>	DAY		\$
Mailing Address				DAY		•
						\$
City	State	Zip Code (Plus 4)		DAY		\$
				DAY		•
Full Name of Contributing Committee						\$
Mailing Address				D'AY		¢
						\$
City	State	Zip Code (Plus 4)	N:(0)	DAY	NEAE	\$
Full Name of Contributing Committee					5555 5 X 4 4 5 5 5 6	\$
Mailing Address						\$
A1:	6	9:- 0 (0) (1)				ф
City	State	Zip Code (Plus 4)		DAY		\$
Full Name of Contributing Committee						
-						\$
Mailing Address				CAN CAN	NEAR	\$
City	State	Zip Code (Plus 4)		DAY		-
						\$
			<u>.</u>			PAGE TOTAL
Enter Grand Total of Part A on Scheo	lule I,	, Detailed Summary	/ Page	e, Sectio	n 2.	\$250.00

Ś PAGE 14 OF

ALL OTHER CONTRIBUTIONS

ι.

\$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			1	Reporting	Period	
FRIENDS OF BOD DONS	CHE 2	2		From <u>1</u>	olastac	10 11/28/201
				DATE		AMOUNT
Full Name of Contributor HARRY & ANN ARDO INE				DAY		\$ 100.00-
Mailing Address				15	2011	
403 CARVER ST						\$
city BE-thlehen	State	Zip Code (Plus 4) 18018 -	MG	CAY.	NIAR.	\$
Full Name of Contributor SUSAN BAURKUT			-			
Mailing Address			/	15	<u> 301</u>	\$200.00-
2809 GREENPOND	RO	PD				\$
City EASTON	State	Zip Code (Plus 4) 18042 -	MO.	CAY.		\$
Full Name of Contributor			MIG.			\$
Mailing Address				CAY.		
						\$
City	State	Zip Code (Plus 4) —	MO	CAN CAN	NYEAR)	\$
Full Name of Contributor				2		\$
Mailing Address			Mo	DAX		\$
City	State	Zip Code (Plus 4)				
Full Name of Contributor		_				\$
· · · · · · · · · · · · · · · · · · ·				DAX		\$
Mailing Address					NY AT	\$
City	State	Zip Code (Plus 4) —	Might	DAY		\$
Full Name of Contributor						-
Mailing Address		**************************************				
City						\$
	State	Zip Code (Plus 4) —		GAY		\$
Full Name of Contributor			MC.			\$
Mailing Address				67A.Y		\$
City	State	Zip Code (Plus 4)				¢
Full Name of Contributor		_				\$
Mailing Address						\$
				2778		\$
City .	State	Zip Code (Plus 4) —		97.57		\$
						PAGE TOTAL

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

\$300.00-

		OVER \$250.00								
Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.										
		om political commit			in Part	C.)				
Name of Filing Committee or Candidate			F	Reporting	Period					
FRIENDS OF BOD DONCH	EZ			From <u>K</u>	125/201	1	To 11/28/2011			
				DATE			AMOUNT			
Full Name of Contributor	N					\$ ~				
DUANE KORN WAYM Mailing Address	JEVZ		10 MC	26	2011 (EAR	-5	00.00 -			
30 FRYA RUNI						\$				
City	State		Mich	DAV		\$				
EASTON Employer Name	1417	18042 -	Occupati	ion		Ψ				
Ronca Assoc	RON	ca mf + sous			ar / Re		zetate			
Employer Mailing Address/Principal Place of Busines's			<u>.</u>							
179 MIKRON ROAD, BE	Ethle	hem, PA. 1801								
Full Name of Contributor			MO	DAY	YEAB	\$				
Mailing Address			MG	27.5Y		\$				
City	State	Zip Code (Plus 4)	M(G,	DAY	NEAG					
Employer Name		-	Occupati	07		\$				
			occupati	UII						
Employer Mailing Address/Principal Place of Business							···			
Full Name of Contributor			MO.	DAY	YEAR	<i>•</i>				
Mailing Address			MO.			\$				
					<u>YEAB</u>	\$				
City	State	Zip Code (Plus 4) 		DAY	YEAR	\$				
Employer Name	L	1	Occupation							
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor			MO.	DAY	YEAR	\$				
Mailing Address			<u></u>	OAY	YEAR	\$				
City	State	Zip Code (Plus 4)	MO		YEAR					
		-				\$				
Employer Name			Occupatio	on						
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor			MO.	DAY	YEAR	\$				
Mailing Address			<u></u>		YEAR	\$				
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$,			
Employer Name			Occupatio	on		*				
Employer Mailing Address/Principal Place of Business										

PART D

ALL OTHER CONTRIBUTIONS

.

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3. DSEB-502 (7-99)

PAGE TOTAL \$500.00 ----

PAGE 5 4 OF

SCHEDULE II

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	Reporting Period
FRIENDS OF Bob DONCHEZ	From 10/25/2011 To 11/28/2011

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1) \$ -0-

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period

(2) \$ -0-

3. IN-KIND CONTRIBUTION RECEIVE	D - VALUE OVER \$250.00 (FRC	DM PART G)
	TOTAL for the Reporting Period	a (3) \$ 11,708.00 -

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS	
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,	\$ 11,008.00-
and 3; also enter on Page 1, Report Cover Page, Item F.)	

PAGE	2	OF	8
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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period				
FRIENDS OF BUD DUNCHEZ			From 10/25/2011 To 11/28/2011				
				DATE		AMOUNT	
Full Name of Contributor	T	PROTY	MO.	DAY	YEAR	\$11,708.00-	
PENDSYLUANIA DEMOCRA Meiling Address	2110		 MO, .	28 DAY	2011 YEAR		
300 North Second STRE	TJ	, 8th Floor			<u> </u>	\$	
Hoarisburg	State PA.	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor		1	Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution DESign, the duction,				
			MAIL HOUSE + POSTAGE · MAILINIS				
Full Name of Contributor			MO.	UAT	YeAn.	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	1	_	Occupat	ion	1		
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO	DAY	YEAR	\$	
City	C1-10	Zip Code (Plus 4)			WEAD	₽	
City	State	Lip Code (Flus 4)	MO	DAY	YEAR	\$	
Employer of Contributor	1	I	Occupat	ion	L		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor		_	Occupati	ion		Ψ	
Employer Mailing Address/Principal Place of Business	<u></u>		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					
Enter Grand Total of Part G on Schedule II, In-Kind Contributi Summary Page, Section 3.			tions D	etailed		page total \$ 11,908.00	

DSEB-502 (7-99)

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PAGE CONTRACTOR

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period		
FRIENDS OF BOD DOUCHE	7			From 10/25/2011 To 11/28/2011		
LUNIANIZ OF JUD MUCHE	<u>~</u>			From 101437 40.		
To Whom Paid				bay year Amount		
CPEL			11	- 25 - 20 -		
Mailing Address			Description of Expenditure			
P.O. Box 465			6	to so calls (Telephonie)		
city STATE Collede	State					
To Whom Paid	PA.	16804-				
TANCZOS BENERAYE INC			11	Amount 64 2011 \$ 44258		
			Description of Expenditure			
2330 JACKSONVILLE ROAD	T =		505	DO / DRIVIKS / WATER		
Bethlehen	State	Zip Code (Plus 4) 1801 -	Foo	Elective PRETY		
To Whom Paid			PARON	CAY YEAR Amount 07 201 \$ 54.80		
PIZZA VILLAGE TO Mailing Address			1 1	tion of Expenditure		
Coster ST.				000 For Elective Party		
City	State	Zip Code (Plus 4)	+	- J TOL EIECTION INCLY		
Bethlehen	AA	18018 -				
To Whom Paid			Mic)	DAY YEAR Amount		
US Rostmaster Mailing Address			11	tion of Expenditure		
Southside Office				tion of Expenditure		
City	State	Zip Code (Plus 4)		(Fairly 2		
BEthlehen	PA.	18015-		,		
To Whom Paid			Mici	DAY YEAR Amount		
Robert DONXHE2 Mailing Address			11	20 2011 \$ 332.35 -		
311 Devoustive DR.				bursomest For X-MAS CORDS		
BEthlehen	State PA.	Zip Code (Plus 4)	Form	LANDMARK COLLECTION 112876469		
To Whom Paid			BAG			
KNOT BANK			10	31 2011 \$2.00-		
Mailing Address				tion of Expenditure		
	State	Zip Code (Plus 4)	CHE	eck Imioge Ree		
City Box 547 Boxee Tour	PA.					
To Whom Paid				DAY YEAR Amount		
Mailing Address				\$		
multing fullees			Descript	tion of Expenditure		
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid				CAY WEAR Amount		
Mailing Address			Descrime	ion of Expenditure		
			Jescript			
City	State	Zip Code (Plus 4)				
		-				
				DAOS ZOZAL		

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

PAGE TOTAL \$ 872.11-

The Pennsylvania Democratic Party

300 North Second Street, 8th Floor, Harrisburg, PA 17101 717-920-8470 Phone – 717-901-7829 Fax – <u>vivian@padems.com</u>

TO: Friends of Bob Donchez

FROM: Vivian Guinan, Comptroller

RE: In-Kind contribution

Please report the following as In-kind contributions on your Thirty Day Post-Election Report:

From:

Pennsylvania Democratic Party 300 North Second Street, 8th Floor Harrisburg, PA 17101

Design, Production, Mail House and Postage - 11/28//2011 total \$11,708.00

Please don't hesitate to call if you have any questions.

Thank you,