

CAMPAIGN FINANCE STATEMENT

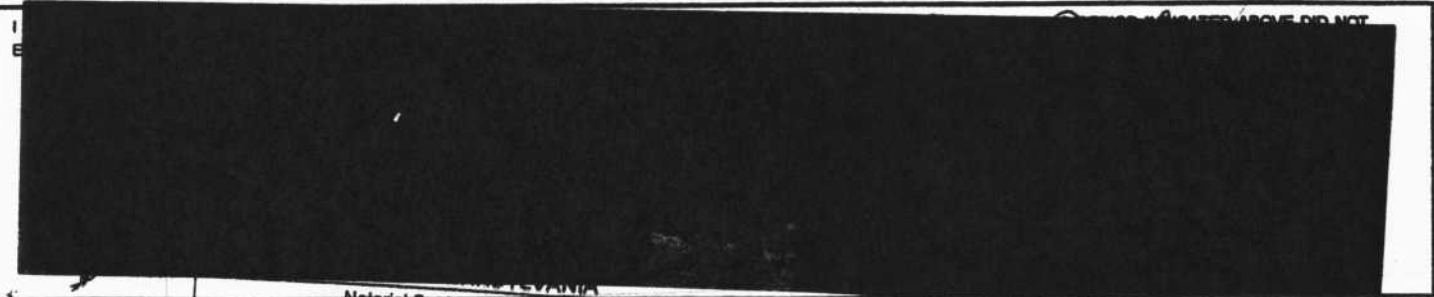
File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE ²	LOBBYIST ¹
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ROBERT J. DONCHEZ					
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
	City Council		City of Bethlehem	Dem	MO. DAY YEAR 11 08 2011
6TH TUESDAY PRE-PRIMARY ^{1.}	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY ^{2.}	MO. DAY YEAR		MO. DAY YEAR		
30 DAY POST-PRIMARY ^{3.}	11 29 2011 TO 12 31 2011				
6TH TUESDAY PRE-ELECTION ^{4.}	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> -0- </u>				
2ND FRIDAY PRE-ELECTION ^{5.}	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> -0- </u>				
30 DAY POST-ELECTION ^{6.}					
ANNUAL REPORT <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.



PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Notarial Seal
 Michelle Meli, Notary Public
 Hanover Twp., Northampton County
 Member, Pennsylvania Association of Notaries

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 _____

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:	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
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Name of Filing Committee, Candidate or Lobbyist:
 FRIENDS OF BOB DONCHEZ

Street Address:
 377 DEVONSHIRE DRIVE

City: Bethlehem State: PA. Zip Code: 18017 -

TYPE OF REPORT (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2.	30 DAY POST-PRIMARY 3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	5TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY POST-ELECTION 6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR 2011	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: City Council	DATE OF ELECTION MO. DAY YEAR 11 08 2011	District Number City of Bethlehem	Office Code OTH	Party Code Demo	County Code 48
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Summary of Receipts and Expenditures from:	MO. DAY YEAR 11 29 2011	To	MO. DAY YEAR 12 31 2011	FOR OFFICE USE ONLY
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A. Amount Brought Forward From Last Report	\$ 34,426.51
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ -0-
C. Total Funds Available (Sum of Lines A and B)	\$ 34,426.51
D. Total Expenditures (From Schedule III)	\$ 103.50
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 34,323.01 -
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 signed by _____
 My Commission Expires _____
 Notary Public

PART II - If this is a Committee report, authorized committee member sign here.

I swear (or affirm) that to the best of my knowledge and belief this report is true, correct and complete.

Sworn to and signed by _____
 My Commission Expires _____
 Notary Public

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF BOB DOUCHEZ	Reporting Period From <u>11-29-2011</u> To <u>12-31-2011</u>
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To Whom Paid NATIONAL PENN BANK/DOLUXE			MO. DAY YEAR 12 28 2011	Amount \$ 99.50 -
Mailing Address BOYERTOWN P.O. BOX 547			Description of Expenditure ACCOUNT-NEW CHECK	
City BOYERTOWN	State PA.	Zip Code (Plus 4) 19512 -	CHECKBOOK ORDER	
To Whom Paid NATIONAL PENN BANK			MO. DAY YEAR 12 28 2011	Amount \$ 4.00 -
Mailing Address P.O. Box 547			Description of Expenditure CHECK IMAGE FEE	
City BOYERTOWN	State PA.	Zip Code (Plus 4) 19512 -		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
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
\$ 103.50 -