

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 ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>
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)	6TH 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"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.} <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.} <input type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: MAYOR OF BETHLEHEM	DATE OF ELECTION			District Number City of Bethlehem	Office Code OTH	Party Code Dem	County Code 48
	MO.	DAY	YEAR				
	11	05	2013				

Summary of Receipts and Expenditures from: <input type="checkbox"/>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	11	06	2013		11	25	2013	
A. Amount Brought Forward From Last Report		\$ 78,740.69 -						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1,399.83 -						
C. Total Funds Available (Sum of Lines A and B)		\$ 80,140.52 -						
D. Total Expenditures (From Schedule III)		\$ 7,174.51 -						
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 72,966.01 -						
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 true, correct and complete.

Sworn to and subscribed before me this **25th** day of **November**

Sworn to and subscribed before me this _____ day of _____

My Commission Expires _____
 Daytime Telephone Number **780**

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF BOB DONCHEZ	Reporting Period From <u>11/6/13</u> To <u>11/25/13</u>
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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) \$ 1,399.83

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.)	\$ 1,399.83
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**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 FRIENDS OF BOB DONCHEZ	Reporting Period From <u>11/6/13</u> To <u>11/25/13</u>
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Full Name LEHIGH VALLEY POST OFFICE						
Mailing Address COMMERCE BLVD.						
City BETHLEHEM	State PA.	Zip Code (Plus 4) 18017-	MO. 11	DAY 20	YEAR 2013	Amount \$1,399.83
Receipt Description REFUND FOR OVERPAYMENT - PERMIT NUMBER 216 - NOT DUE UNTIL 2014						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL \$ 1,399.83

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF BOB DOUCHEZ	Reporting Period From 11/6/13 To 11/25/13
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To Whom Paid	MO.	DAY	YEAR	Amount
BEST WESTERN PLUS L.G. HOTEL	11	01	2013	\$125.00
Mailing Address 300 GATEWAY DRIVE	Description of Expenditure DEPOSIT FEE / BANQUET			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		Room Rental
HOTEL BETHLEHEM	11	02	2013	\$2,353.94
Mailing Address main STREET	Description of Expenditure COST OF BANQUET ROOM			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		Rental/expense for election part
BEST WESTERN PLUS L.G. HOTEL	11	11	2013	\$112.57
Mailing Address 300 GATEWAY DRIVE	Description of Expenditure BANQUET FOOD COST			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		
ROBERT DOUCHEZ	11	11	2013	\$299.00-
Mailing Address 377 DEVONSHIRE DRIVE	Description of Expenditure REIMBURSEMENT FOR I			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		PHONE EXPENSES / PURCHASE
ROBERT DOUCHEZ	11	13	2013	\$729.00-
Mailing Address 377 DEVONSHIRE DRIVE	Description of Expenditure REIMBURSEMENT FOR I			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		PRO COST / PURCHASE
U.S. POST OFFICE	11	12	2013	\$230.00-
Mailing Address Bethlehem OFFICE	Description of Expenditure COST OF STAMPS			
City Bethlehem	State PA	Zip Code (Plus 4) -		
ROBERT DOUCHEZ	11	15	2013	\$545.00-
Mailing Address 377 DEVONSHIRE DRIVE	Description of Expenditure REIMBURSEMENT - PURCHASE OF			
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		CHRISTMAS CARDS
FRIENDS OF MIKE RECCHIUTI	11	15	2013	\$250.00-
Mailing Address	Description of Expenditure CONTRIBUTION / CITY COUNCIL			
City Bethlehem	State PA	Zip Code (Plus 4) -		CITY OF BETHLEHEM

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

PAGE TOTAL

\$4,649.51-

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF BOB DOUCHEZ	Reporting Period From <u>11/6/13</u> To <u>11/25/13</u>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
FLETCHER ROWLEY	11	20	2013	\$2,500.00
Mailing Address 1720 WEST END AVE.	Description of Expenditure CAMPAIGN ADVERTISING			
City NASHVILLE	State TN	Zip Code (Plus 4) 37203-		EXPENSES / PRINT ETC.
NATIONAL PAPER BANK	11	20	2013	\$25.00-
Mailing Address -	Description of Expenditure WIRE TRANSFER EXPENSES			
City BOYERTOWN	State PA.	Zip Code (Plus 4) -		
	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
	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
\$2,525.00-

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	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE ²	<input type="checkbox"/> LOBBYIST																			
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) 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"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Mayor of Bethlehem		DISTRICT NO. City of Bethlehem	PARTY DEMO	DATE OF ELECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>05</td> <td>2011</td> </tr> </table>	MO.	DAY	YEAR	11	05	2011												
	MO.	DAY	YEAR																				
	11	05	2011																				
	DATES OF REPORTING PERIOD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>06</td> <td>2013</td> <td></td> <td>11</td> <td>25</td> <td>2013</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	06	2013		11	25	2013	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="width:40%;">\$ - 0 -</td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td>\$ - 0 -</td> </tr> </table>			CASH BALANCE AT END OF REPORTING PERIOD:	\$ - 0 -	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ - 0 -
	MO.	DAY	YEAR	TO	MO.	DAY	YEAR																
	11	06	2013		11	25	2013																
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>											
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>																				
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>																				
FOR OFFICE USE ONLY																							

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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

[Redacted Signature Area]

PART II
 If sta...

[Redacted Signature Area]

MY COMMISSION EXPIRES 11/17/2017
 MO. DAY YR. City of Bethlehem, Lehigh County My Commission Expires Nov. 17, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES DAYTIME TELEPHONE NUMBER