

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

Name of Office Sought by Candidate: City Council	DATE OF ELECTION			District Number	Office Code	Party Code	Count Code
	MO.	DAY	YEAR	CITY OF Bethlehem	OTH	Demo	48

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	05	03	2011		06	06	2011	

A. Amount Brought Forward From Last Report	\$ 35,475.40 -
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 510.00 -
C. Total Funds Available (Sum of Lines A and B)	\$ 35,985.40 -
D. Total Expenditures (From Schedule III)	\$ 2,599.97 -
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 33,385.43
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 by: [Redacted Signature]

My Commission Expires: [Redacted]

PART II - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief, the information furnished herein is true and correct.

Sworn to by: [Redacted Signature]

My Commission Expires: [Redacted]

Daytime Telephone Number: [Redacted]

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF Bob DONCHEZ	Reporting Period From <u>05-03 2011</u> To <u>06-06 20</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ 110.00 —

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)		\$ 400.00 —
TOTAL for the Reporting Period	(2)	\$ 400.00 —

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)		
	(4)	\$ -0-

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 510.00 —
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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 FRIENDS OF BOB DONCHEZ	Reporting Period From 05-03-2011 To 06-06-20
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
GREG ZEBROWSKI	23 Dewberry Ave.	Bethlehem	PA	18017 -	05	15	2011	\$ 100.00 -
								\$
KEN + BARBARA Smith	1027 Stone Stair Dr.	Bethlehem	PA	18015 -	05	15	2011	\$ 100.00 -
								\$
DENNIS + GAIL REICHARD	1857 Bayard St.	Bethlehem	PA	18017 -	05	20	2011	\$ 100.00 -
								\$
DONNA WAGNER	747 Laufer St.	Bethlehem	PA	18015 -	06	03	2011	\$ 100.00 -
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								\$
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								\$

PAGE TOTAL
\$ 400.00 -

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

CAMPAIGN FINANCE STATEMENT

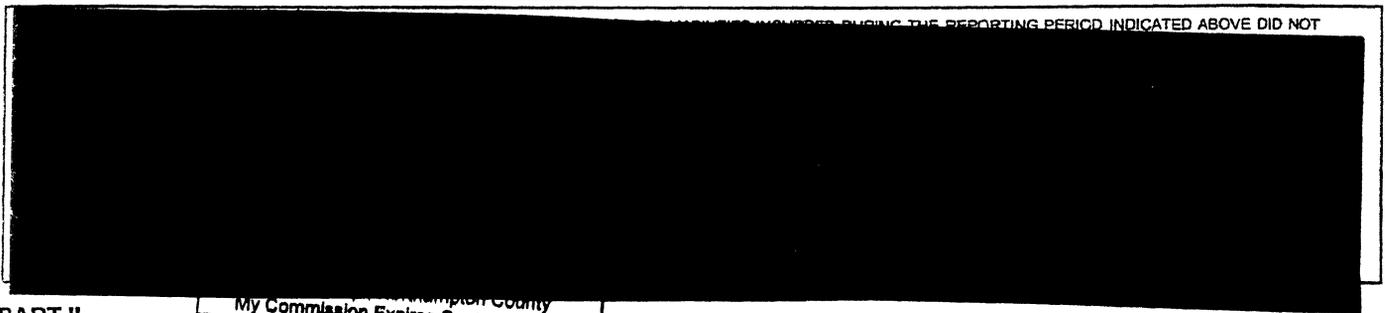
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ROBERT J. DONCHEZ					
STREET ADDRESS 377 DEVONSHIRE ROAD 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 <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO. City of Bethlehem	PARTY Dem	DATE OF ELECTION MO. DAY YEAR 05 17 2011
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 05 03 2011 TO 06 06 2011		FOR OFFICE USE ONLY		
	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 <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.

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 OF CANDIDATE

_____ PRINTED NAME

_____ SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____