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Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificat	tion	201	400		Rep	ort Filed (Candida			Comm	ittee		X	Lobb	yist		
Name of Filing Committee, Candidate or Lobbyist				FRIENDS			F	of BoB Do			DNCF	162	PA	C				
Street Address				300			Dev	Devon shire			DRIVE							
City Beth			ehe	EWEM State			-	PA. Zip Code			18017)					
Type of Report (Place x under report type)																		
1-6 th Tuesday Pre-Primary	2- 2 nd Pre-Pr	SHE COUNTRY TO THE OWNER.	3- 30 D Primar			Tuesday lection		nd Friday - Election	6-30 Da Election		7- Ann	ıual	Special 2 Pre-Elec	2 ^{no} Friday tion		al 30 Da Election		
	>																	
Date Of Election (MM/DD/YYYY	国际联系的		-		Year				Amenda Report	nent			Termina Report	tion				
Summary of Re Expenditures			From I	120		To Date	West.	3025				For 0	Office Use	Only				
A. Amount Brought Forward From Last Report \$75,555.83 B. Total Monetary Contributions and Receipts (From Schedule I)										,								
C. Total Funds Available (Sum of Lines A and B)				\$ 75,555.83														
D. Total Expenditures (From Schedule III) E. Ending Cash Balance				\$ 4,250.00														
(Subtract Line D from Line C)					71,3	302	5.83									-		
F. Value of In-Kind Contributions Received (From Schedule II)				\$ -0-												ry Seal	, 2025	
G. Unpaid Debts and Obligations (From Schedule IV)				5 -0-											-Notary	nampton County expires November 17, 2025 ion number 1164267		
Part 1- If this is a C	ommitte	e report.	treasure	er sien he	ere. If th	is is a Can		Affidavit Sec		here.							in A	our oven
I swear (or affirm)	that this	report, i	ncluding	the attac	ched sci	nedules or	pape	r, is to the l	est of my k	nowled	ge and be	lief tru	e, correct	and comple	te.	36.	Sylv	on C S Nc
Sworn to and subscribed before me this Story day of May 2025 Jana M. Sey Signature							'Rsig	nature o	of Person	Name	-		13		onwealth of Pennsylv Tara M. Szy, Note	Northampton County nmission expires November 17 Commission number 1164267		
My Commission ex		<u>//</u> no.	17 DAY	25 YR.					610 rea Code	-	_			900 one Numbe			Commo	My cor
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 SHO day of May 2025 Condidate Printed Name My Commission expires // 725 MO. DAY YR. Area Code Daytime Telephone Number																		
	М	J. D	PAY	YR.				Ar	a Code			оаушт	ie reiebiioi	ie Nullinel				

Commonwealth of Pennsylvania - Notary Seal Tara M. Szy, Notary Public Northampton County My commission expires November 17, 2025

Commission number 1164267

Member, Pennsylvania Association of Notaries

SCHEDULE III

Statement of Expenditures BOB DONCHEZ PAC

Filer Identification Number: FRIENDS OF BOB DONCH	ez PAC
	English Combined Section
To Whom Paid FRIENDS OF J. William Reynolds	Date [MM/DD/YYYY] \$ 1,500.00-
House # 1718 Street Address N. NEW ST.	Description of Expenditure
City BEthlehem State PA. Zip Code 18018	Cranpaign Contribution
To Whom Paid M. Clure For PA.	03/10/2025 1,000.00.
House # Street Address 0.4 \	Description of Expenditure
ary Bethlehem State PA. Zip 18020	CANPAIGN CONTRIBUTION
	Date [MM/DD/YYYY] \$
To Whom Paid Fryends & Justin AMANN House # Street Address ()	Description of Expenditure
463 GUERNOOD CINAG	
City Bethlehen State PA. Zip Code 18017	CRMPRIGN Contribution
TO Whom Paid FRIENDS OF TARA ZRWSKI	Date [MM/DD/YYYY] \$ 500.00 -
House # 1341 Street Address LINDEN STREET	Description of Expenditure
aty BETHIEVEM State PA. Zip 18018	CAMPAIGN Contributions
To Whom Paid (Once the TO CHET Robert LEYE'S	Date [MM/DD/YYYY] \$ 250.00
House # 2940 Street Address William Pen Humar	Description of Expenditure
City CASTON State PA. Zip Code 18045	Crampian Contribution
TO Whom Paid FRIENDS FRANK OF ROCKEL LEON	Date [MM/DD/YYYY] \$ 250.00
House # 946 Street Address E. 5th ST	Description of Expenditure
Bethlehen State PA. Code 18017	CAMPAIN CONTRIBUTION
To Whom Paid	Date [MM/DD/YYYY] \$
House# Street Address	Description of Expenditure
City State C Zip	company contestition
To Whom Paid PA . Code 180(8	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code Code	