

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF BOB DONCHEZ PAC						
Street Address	377 DEVONSHIRE DRIVE						
City	Bethlehem	State	PA.	Zip Code	18017		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	05/06/2025	09/15/2025		
A. Amount Brought Forward From Last Report	\$	71,305.83		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	—		
C. Total Funds Available (Sum of Lines A and B)	\$	71,305.83		
D. Total Expenditures (From Schedule III)	\$	500.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	70,805.83		
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

13th day of January 20 26
 Tara M. Szy
 Signature

My Commission expires 11-17-2029
 MO. DAY YR.

Signature of Person Submitting report
 RONALD J. DONCHEZ
 Printed Name

610 Area Code 613-9006 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tara M. Szy, Notary Public
 Northampton County
 My commission expires November 17, 2029
 Commission number 1164267

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

13th day of January 20 26
 Tara M. Szy
 Signature

My Commission expires 11-17-2029
 MO. DAY YR.

Signature of Candidate
 Robert J. DONCHEZ
 Printed Name

610 Area Code 360-5531 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tara M. Szy, Notary Public
 Northampton County
 My commission expires November 17, 2029
 Commission number 1164267

Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

Filer Identification Number:		FRIENDS OF BOB DONCHEZ PAC						
To Whom Paid		Date [MM/DD/YYYY]			\$			
House #		Street Address			Description of Expenditure			
1341		LINDEN ST.			CAMPAIGN CONTRIBUTION			
City		State	Zip Code	18018				
Bethlehem		PA.						
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State	Zip Code					

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate <input type="checkbox"/>	Committee <input type="checkbox"/>	Lobbyist <input checked="" type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF BOB DONCHEZ PAC				
Street Address	377 DEVONSHIRE DRIVE				
City	Bethlehem	State	PA.	Zip Code	18017

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY)	Year	Amendment Report <input checked="" type="checkbox"/>	Termination Report <input type="checkbox"/>
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only		
	09/16/2025	12/31/2025			
A. Amount Brought Forward From Last Report	\$	70,805.83			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	—			
C. Total Funds Available (Sum of Lines A and B)	\$	70,805.83			
D. Total Expenditures (From Schedule III)	\$.83			
E. Ending Cash Balance (Subtract Line D from Line C)	\$	70,805.00			
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

13th day of January 2026
Tara M. Szy
 Signature

My Commission expires 11-17-2029
 MO. DAY YR.

Signature of Person Submitting report
ROBERT J. DONCHEZ

Printed Name

610

Area Code

613-9006

Daytime Telephone Number

Notary Seal

Tara M. Szy, Notary Public

Northampton County

Commission number 1164267

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

13th day of January 2026
Tara M. Szy
 Signature

My Commission expires 11-17-2029
 MO. DAY YR.

Signature of Candidate
ROBERT J. DONCHEZ

Printed Name

610

Area Code

360-5531

Daytime Telephone Number

Notary Seal

Tara M. Szy, Notary Public

Northampton County

Commission number 1164267

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

FRIENDS OF BOB DONCHEZ PAC

To Whom Paid	BANK FEE EXPENSE * .83 WAS A REVERSING ERROR				Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code		ADJUSTED REVERSING Error - BANK EXPENSE		
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #	Street Address						Description of Expenditure	
City		State		Zip Code				