

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

Signature of Person Submitting report
 RONALD J. DONCHEZ
 Printed Name

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

610
 Area Code

613-9006
 Daytime Telephone Number

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

Signature of Candidate
 ROBERT J. DONCHEZ
 Printed Name

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

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

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
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To Whom Paid		FRIENDS OF TARA ZRINSKI		Date [MM/DD/YYYY]		\$ 500.00	
House #	1341	Street Address		LINDEN ST.		Description of Expenditure	
CAMPAIGN CONTRIBUTION		City	Bethlehem	State	PA.	Zip Code	18018
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	

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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 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"/>

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 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

610 613-9006
 Area Code 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

610 360-5531
 Area Code 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
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To Whom Paid		* .83 BACK RE EXPENSE WAS A REWARDING ERROR			Date [MM/DD/YYYY]	\$.83
House #	Street Address				Description of Expenditure		
City	State		Zip Code		ADJUSTED REWARDING ERROR - BACK 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				