

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 | <input type="checkbox"/> CANDIDATE | <input checked="" type="checkbox"/> COMMITTEE | <input type="checkbox"/> LOBBYIST |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ROBERT J. DONCHEZ | | | | |
| STREET ADDRESS 377 DEWASHIRE DRIVE | | | | |
| CITY Bethlehem | | STATE PA. | | ZIP CODE 18017 |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | | |
| | DISTRICT NO. | | PARTY | |
| 1. 6TH TUESDAY PRE-PRIMARY | MAYOR - CITY OF BETHLEHEM | | CITY OF BETHLEHEM DEMO | |
| 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> | DATE OF ELECTION | | | |
| 3. 30 DAY POST-PRIMARY | DATES OF REPORTING PERIOD | | MO. DAY YEAR | |
| 4. 6TH TUESDAY PRE-ELECTION | 01 01 2020 TO 05 18 2020 | | MO. DAY YEAR | |
| 5. 2ND FRIDAY PRE-ELECTION | CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 - | | | |
| 6. 30 DAY POST-ELECTION | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 - | | | |
| 7. ANNUAL REPORT | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| | TERMINATION REPORT? YES <input type="checkbox"/> 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' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.

ary al
 17. 2021
 17
 NOTARIES



Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|---|-----------|----------------------------|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | 20140238 | Report Filed By (Mark X) | <input type="checkbox"/> | 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 DEWONSHIRE 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | |
|--|-----------|------------|--|
| | | 01/01/2020 | |
| A. Amount Brought Forward From Last Report | \$ | 111,043.26 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | - 0 - | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 111,043.26 | |
| D. Total Expenditures (From Schedule III) | \$ | - 0 - | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 111,043.26 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | - 0 - | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | - 0 - | |

Affidavit Section

Part 1- 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.

Pennsylvania - Notary Seal
 Public
 in County
 on November 17, 2021
 number 1164267
 ASSOCIATION OF NOTARIES

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **20140238** **FRIENDS OF BOB DONCHEZ PAC**

| | | | | | | |
|--------------|----------------|--|----------|----------------------------|-------------------|----|
| 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 | | | |