



### 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 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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	For Office Use Only
	01/01/2022	05/02/2022	
A. Amount Brought Forward From Last Report	\$	88,301.58	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	88,801.58	
D. Total Expenditures (From Schedule III)	\$	1,335.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	87,466.58	
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  
 Notary Public  
 Lehigh County  
 expires November 17, 2025  
 number 1164267  
 Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number FRIENDS OF BOB DONCHEZ PAC	
1. Unitemized contributions and receipts \$50.00 or less per contributor	
Total for the reporting period (1)	\$ - 0 -
2. Contributions of \$50.01 to \$250.00 (from Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ - 0 -
All Other Contributions (Part B)	\$ - 0 -
Total for the reporting period (2)	\$ - 0 -
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 B)	
Total for the reporting period (4)	\$ 500.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	
	\$ 500.00

SCHEDULE III  
Statement of Expenditures

File Identification Number: **FRIENDS OF BOB DONCHEZ PAC**

To Whom Paid		FRIENDS OF LISA BOSCOLA			Date [MM/DD/YYYY]	\$	1,000.00
House #	385	Street Address	Palmetto Drive		Description of Expenditure		
City	EASTON	State	PA.	Zip Code	18045	CAMPAIGN CONTRIBUTION	
To Whom Paid		FRIENDS OF TARA ZRINSKI			Date [MM/DD/YYYY]	\$	300.00
House #	4915	Street Address	HARRIET LANE		Description of Expenditure		
City	Bethlehem	State	PA.	Zip Code	18017	CAMPAIGN CONTRIBUTION	
To Whom Paid		BBOT BANK			Date [MM/DD/YYYY]	\$	35.00
House #		Street Address			Description of Expenditure		
City	Bethlehem	State	PA.	Zip Code		STOP PAYMENT CHECK FEES	
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			

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	FRIENDS OF BOB DONCHEZ
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Full Name	FRIENDS OF JEANNE McNEILL						
House #	3163	Street Address	N. FRONT ST.				
City	Whitehall	State	PA. PA.	Zip Code	18052	Date [MM/DD/YYYY]	12/11/2021 \$ 500.00
Receipt Description *	CHECK 401, NEVER CASH BY JEANNE McNEILL / NEVER RECEIVED						
Full Name	Per JEANNE McNEILL on 04/30/22; STP PAYMENT WILL BE PLACED ON IT.						
House #		Street Address	THIS \$ 500.00 CHECK WAS REPORTED ON ANNUAL REPORT 12/21/2021				
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							