

Reset Form

Print Form

### 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	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist <b>FRIENDS OF BOB DONCHEZ PAC</b>				
Street Address <b>377 DEVONSHIRE DRIVE</b>				
City	State	Zip Code		
<b>Bethlehem</b>	<b>PA.</b>	<b>18017</b>		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year	Amendment Report	Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/25/2022	11/28/2022	
A. Amount Brought Forward From Last Report	\$	85,683.58	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	85,683.58	
D. Total Expenditures (From Schedule III)	\$	- 0 -	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	85,683.58	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

Notary Seal  
 Public  
 Notary  
 Number 17, 2025  
 164267  
 Division of Notaries

Affidavit Section

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	FRIENDS OF BOB DONCHEZ PAC
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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		

*None*