

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		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>ROBERT J. DONCHEZ</b>								
STREET ADDRESS <b>377 Devonshire Drive</b>								
CITY <b>Bethlehem</b>			STATE <b>PA.</b>		ZIP CODE <b>18017</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.		<b>Mayor - City of Bethlehem</b>			<b>City of Bethlehem</b>	<b>Dem</b>	NO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY 2.							<b>11 25 2019</b>	
30 DAY POST-PRIMARY 3.		DATES OF REPORTING PERIOD			MO.	DAY	YEAR	FOR OFFICE USE ONLY
6TH TUESDAY PRE-ELECTION 4.		10	22	2019	11	25	2019	
2ND FRIDAY PRE-ELECTION 5.		<b>CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 -</b>						
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>		<b>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -</b>						
ANNUAL REPORT 7.		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here. 21

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# Commonwealth of Pennsylvania - Campaign Finance Report

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

File Number (or Name of Filing Committee)	20140238	Report Made by (Candidate/Committee)	<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist	
Name of Filing Committee (Candidate)	FRIENDS OF BOB DONCHEZ PAC				
Address	377 DEVONSHIRE DRIVE				
City	Bethlehem	State	PA.	Zip Code	18017

Type of Report (Place x under report type)

Is it Tuesday Pre-Primary	Is it Tuesday Pre-Primary	Is it Friday Primary	Is it 80 Day Post Pre-Election	Is it Tuesday Pre-Election	Is it Friday Election	Is it 80 Day Post Election	Is it Annual	Special Pre-Election	Special Election	Special 80 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (M/D/Y)			Year			Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount brought forward from last report	10/22/2019	11/25/2019	
B. Total Monetary Contributions and Receipts (From Schedule B)		\$ 112,513.90	
C. Total Funds Available (Sum of A and B)		\$ -0-	
D. Total Expenditures (From Schedule C)		\$ 112,513.90	
E. Ending Cash Balance (Sum of C and D)		\$ 1,416.64	
F. Unfiled In-kind Contributions Received (From Schedule D)		\$ 111,077.26	
G. Unpaid Debt and Obligations (From Schedule E)		\$ -0-	
		\$ -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 true to the best of my knowledge and belief true, correct and complete.  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Notary Seal  
 Notary Public  
 in County  
 is 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		ROBERT DONCHEZ		Date [MM/DD/YYYY]	\$
House #	377	Street Address	DEVONSHIRE DRIVE	11/01/2019	220.00
City	Bethlehem	State	PA.	Zip Code	18017
Description of Expenditure					
Reimburse - Post Office STAMPS / EXPENSE					
To Whom Paid		ROBERT DONCHEZ		Date [MM/DD/YYYY]	\$
House #	377	Street Address	DEVONSHIRE DRIVE	11/11/2019	220.00-
City	Bethlehem	State	PA.	Zip Code	18017
Description of Expenditure					
Reimburse - Post Office STAMPS / EXPENSE					
To Whom Paid		ROBERT DONCHEZ		Date [MM/DD/YYYY]	\$
House #	377	Street Address	DEVONSHIRE DRIVE	11/11/2019	496.64
City	Bethlehem	State	PA.	Zip Code	18017
Description of Expenditure					
Reimburse - X-mas EXPENSE					
To Whom Paid		FRIENDS RAY O CONNELL		Date [MM/DD/YYYY]	\$
House #	324	Street Address	1 N. 16th ST.	11/09/2019	500.00
City	Allentown	State	PA.	Zip Code	18102
Description of Expenditure					
CAMPAIGN CONTRIBUTION					
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

T \$ 1,436.64