

**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 <span style="float:right">▶</span>		REPORT FILED ON BEHALF OF <span style="float:right">▶</span>		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <p style="text-align:center; font-size:1.2em;">ROBERT J. DONCHEZ</p>						
STREET ADDRESS <p style="text-align:center; font-size:1.2em;">377 DEVONSHIRE DRIVE</p>						
CITY <p style="text-align:center; font-size:1.2em;">Bethlehem</p>			STATE <p style="text-align:center; font-size:1.2em;">PA.</p>		ZIP CODE <p style="text-align:center; font-size:1.2em;">1801A</p>	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY <sup>1</sup>						
2ND FRIDAY PRE-PRIMARY <sup>2</sup>						
30 DAY POST-PRIMARY <sup>3</sup>						
6TH TUESDAY PRE-ELECTION <sup>4</sup>						
2ND FRIDAY PRE-ELECTION <sup>5</sup>						
30 DAY POST-ELECTION <sup>6</sup>						
ANNUAL REPORT <input checked="" type="checkbox"/>						

  

DATES OF REPORTING PERIOD			TO			DATE OF ELECTION		
MO.	DAY	YEAR				MO.	DAY	YEAR
01	01	2022				12	31	2022

  

CASH BALANCE AT END OF REPORTING PERIOD:		\$ - 0 -
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ - 0 -

  

AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
TERMINATION REPORT?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

DATE OF ELECTION		
MO.	DAY	YEAR

FOR OFFICE USE ONLY

**AFFIDAVIT SECTION**

Notary Seal

**PART 1**

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer shall file this statement with the Treasurer of the Commonwealth.



## 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 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		Termination Report		
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		11/29/2022	12/31/2022					
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  
 Commission Expires  
 Date of Notaries

Affidavit Section

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: 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		

DONCHEZ