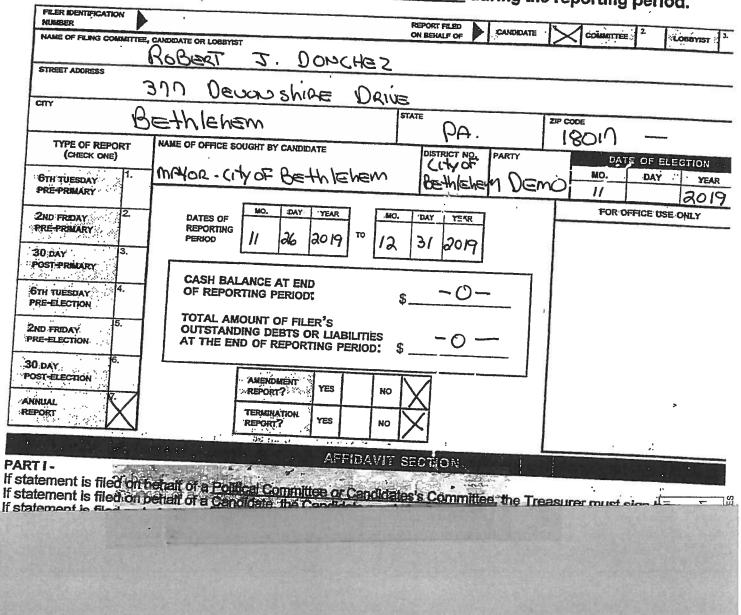
COMMONWEALTH OF PENNSYLVANIA CAMPAIGN FINANCE STATEMENT

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.



(111) 101-5280

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Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	- do	140238 Report Filed I (Mark X)		By Candidate			Committe	e	X	Lobbyi	st		
Name of Filing Committee, Candidate or Lobbyist Street Address		FRIENDS			70	OF BOB DONCHEZ PAC							
				-	Devonshipe Drive								
City	Bethler		5tate		1 .	PA. Zip Code		18017					
Type of Report (P													
1- 6 th Tuesday Pre-Primary	- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pos re-Primary Pre-Primary Primary				50.00	nd Frida - Electio		Day Post on	7- Annual	Special 2 nd Friday Pre-Election		Special 30 Day Post-Election	
								7	X		1	Γ	7
Date Of Election (MM/DD/YYYY)		11/2019	Year	019			Amen Repor	dment t		Termin Report	House and the second second		<u>-</u>
ummary of Receipts and From Date xpenditures			To Date		For Office Use Only								
A. Amount Brought Forward From Last Report			\$	\$ 111,007.26		192320		148 a.g	b ^h i			<u>. S</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$											
C. Total Funds Ava Sum of Lines A ar	nd B)		\$	111,0	-	26	1						
D. Total Expenditures (From Schedule III)		\$	\$ 34.00		1								
E. Ending Cash Balance Subtract Line D from Line C)		\$			1								
F. Value of In-Kind Contributions Received (From Schedule II)		\$								٢	<u> </u>		
i. Unpaid Debts a From Schedule IV		ns All References	\$	- (tvania - Notary Seal lary Public County November 17, 2024
art 1- If this is a Com	mittee report	treasurer sign he	re. if th	is is a Cano	ditte.	fidavit Se	didata	on here					- Not ublic
swear (or affirm) the	at this report, i	ncluding the attact	ied sch	edules on a	osper,	IS to the	bestofin	knowledg	e and belief tru	Je, correct	and complete	e.	Could Have

Statement of Expenditures								
File Identification Number:	rienos of	BOB	DONCHEZ	PAC				
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City	HAMilton			scription of Expenditur	9 			
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				te [MM/DD/YYYY] \$				
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House # Street Address				te [MM/DD/YYYY]; 5				
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House# Street Address								
City	State	Zhj		cription of Expenditure				
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Honse # Street Address								
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fe Whom Paid		Zip Code	Dat	e [MM/DD/YYYY] \$				
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City	State	Zip		entration experimente				
ToWhom Paid	2	Code	Dit	e [MIM/DD///////]。 \$				
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City	State	Zip Code						
To Whom Paid	A	Code	Date	MM/DD/MAAA				
House # Street Address				ription of Expenditure	and the second se			
Çitiye	State	Zip Code						
		Code						

SCHEDULE III