

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

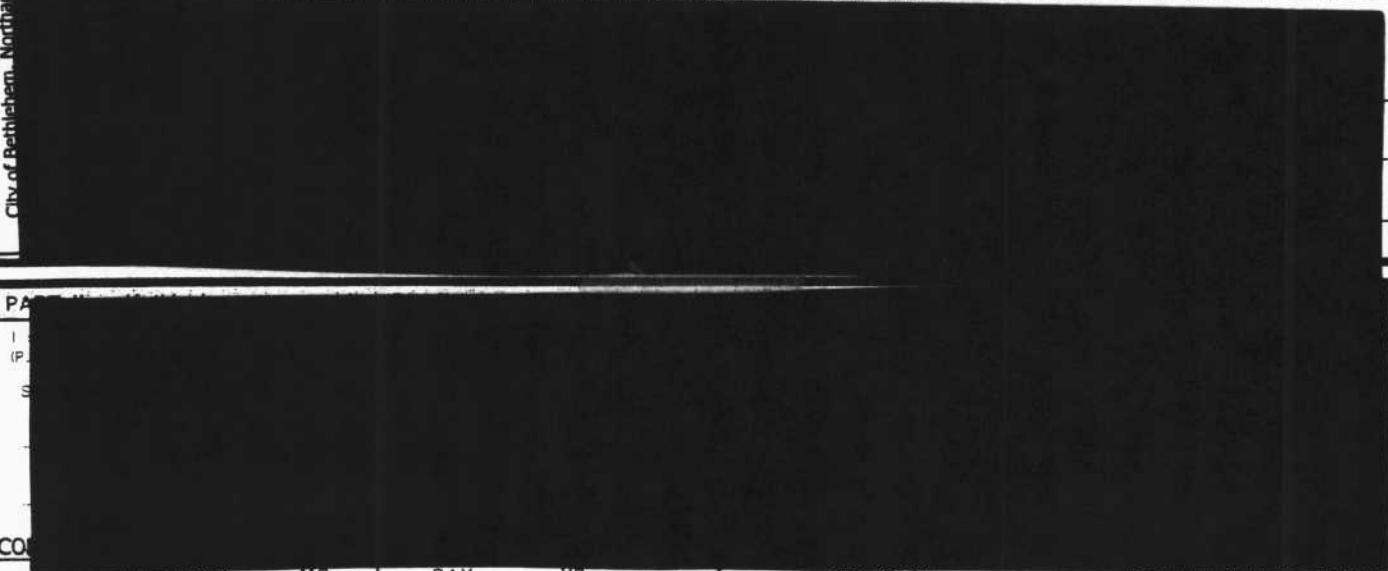
Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BOB DONCHEZ											
Street Address: 377 DEVONSHIRE DRIVE											
City: BETHLEHEM				State: PA.		Zip Code: 18017					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT?		YES	NO <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT?		YES	NO <input checked="" type="checkbox"/>	
	ANNUAL REPORT ^{7.}		YEAR 2014		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate: MAYOR OF BETHLEHEM					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	City	OTH	Dem	48
							Bethlehem	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			01	01	2014	To	05	05	2014		
A. Amount Brought Forward From Last Report									\$ 71,558.31 -		
B. Total Monetary Contributions and Receipts (From Schedule I)									\$ 1,000.00 -		
C. Total Funds Available (Sum of Lines A and B)									\$ 72,558.31 -		
D. Total Expenditures (From Schedule III)									\$ 1,600.00 -		
E. Ending Cash Balance (Subtract Line D from Line C)									\$ 70,958.31 -		
F. Value of In-Kind Contributions Received (From Schedule II)									\$ -0-		
G. Unpaid Debts and Obligations (From Schedule IV)									\$ -0-		

AFFIDAVIT SECTION

1 - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
 I (or my officer) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true,

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
 Lisa Ann Pereira, Notary Public
 City of Bethlehem, Northampton County



Notarial Seal MO. DAY YR. Area Code Daytime Telephone Number

Lisa Ann Pereira, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires Sept. 13, 2015

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF Bob DONCHEZ	Reporting Period From <u>01-01-2014</u> To <u>05-05-14</u>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ -0-

2. CONTRIBUTIONS \$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)	\$ 1,000.00
TOTAL for the Reporting Period	(3) \$ 1,000.00-

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ -0-

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.)	\$ 1,000.00-
--	---------------------

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate FRIENDS OF Bob DONCHEZ	Reporting Period From 01-01-14 To 05-05-14
--	---

			DATE			AMOUNT
Full Name of Contributor SCOTT + KATHY FANOR			MO. 03	DAY 30	YEAR 2014	\$ 1,000.00
Mailing Address 3050 FAIRFIELD DR.			MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Employer Name NATIONAL PENN BANK			Occupation Banking - President			
Employer Mailing Address/Principal Place of Business 7th + HAMILTON ST., ALLENTOWN, PA.						

Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF BOB DOUCHEZ	Reporting Period From <u>01-01-14</u> To <u>05-05-14</u>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
FRIENDS OF Lisa BOSCOLA	03	14	2014	\$1,000.00-
Mailing Address				
Description of Expenditure CONTRIBUTION TO				
City	State	Zip Code (Plus 4)		
Bethlehem	PA.	-		
PA. Building TRADES	03	26	2014	\$600.00
Mailing Address				
Description of Expenditure CONTRIBUTION FOR A				
City	State	Zip Code (Plus 4)		
Bethlehem	PA.	-		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				
To Whom Paid				
Mailing Address				
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$1,600.00-

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 ROBERT J. DONCHEZ																								
STREET ADDRESS 377 DEVONSHIRE DRIVE																								
CITY BETHLEHEM			STATE PA.	ZIP CODE 18017																				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Mayor of Bethlehem		DISTRICT NO. City of Bethlehem	PARTY DEMO																				
	DATES OF REPORTING PERIOD		DATE OF ELECTION																					
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>01</td><td>01</td><td>14</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>05</td><td>05</td><td>14</td></tr> </table>		MO.	DAY	YEAR	01	01	14	MO.	DAY	YEAR	05	05	14	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>				MO.	DAY	YEAR			
	MO.	DAY	YEAR																					
	01	01	14																					
	MO.	DAY	YEAR																					
	05	05	14																					
	MO.	DAY	YEAR																					
FOR OFFICE USE ONLY																								
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>00</u>																								
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>00</u>																								
<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>						AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>											
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>																					
TERMINATION REPORT?	YES	NO	<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.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Lisa Ann Peretire, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires Sept 13 2015



PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER