

## Amended Campaign Finance Report for Friends of Bob Donchez

Report (01/01/2013-05/06/2013)

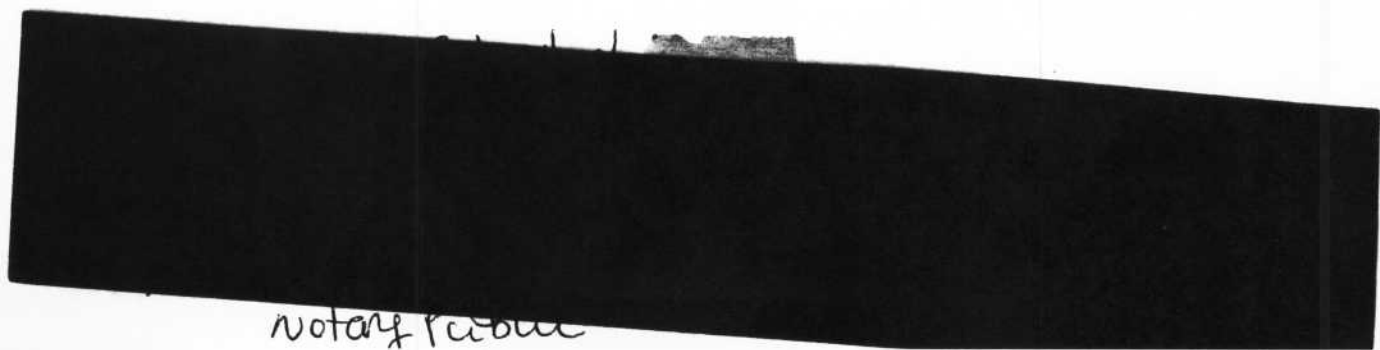
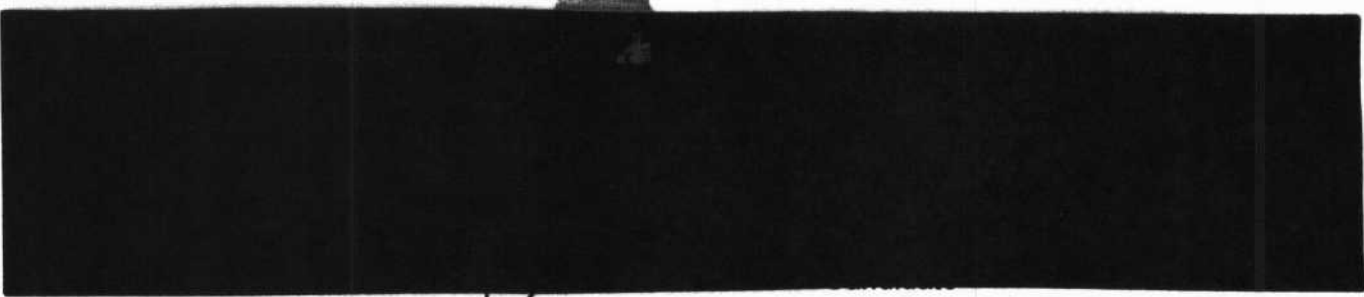
Ending Cash Balance Reported: **\$50,615.22**

Net Adjustment: **(-\$2,282.97)**

End Cash Balance: **\$48,332.25**

Adjustment due to the following:

- 1) An expense of \$2,628.00 to Payne Printery, Inc. was recorded on Page 32, but was still outstanding in checkbook balance. (-\$2,628.00)
- 2) An expense of \$345.03 to The Borderline was recorded on Page 32 but was incorrectly listed as outstanding in the checkbook balance. (+\$345.03)



notary public

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.)

<b>Filer Identification Number:</b>	<b>Report Filed By:</b>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
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Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BOB DONCHEZ

Street Address: 377 DEVONSHIRE DRIVE

City: BETHLEHEM State: PA Zip Code: 18017 -

<b>TYPE OF REPORT</b> <small>(place X to the right of report type)</small>	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	5TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	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			
<u>05</u>	<u>21</u>	<u>2013</u>	<u>Bethlehem</u>	<u>OTH</u>	<u>DemD</u>	<u>48</u>

(SEE INSTRUCTIONS FOR CODES)

<b>Summary of Receipts and Expenditures from:</b>	<small>MO.</small>	<small>DAY</small>	<small>YEAR</small>		<small>MO.</small>	<small>DAY</small>	<small>YEAR</small>
	<u>05</u>	<u>07</u>	<u>2013</u>	To	<u>06</u>	<u>10</u>	<u>2013</u>

A. Amount Brought Forward From Last Report	\$ <u>48,332.25</u>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>15,071.05</u>
C. Total Funds Available (Sum of Lines A and B)	\$ <u>63,403.30</u>
D. Total Expenditures (From Schedule III)	\$ <u>38,419.97</u>
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>24,983.33</u>
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>15,000.00</u>
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>-0-</u>

**AFFIDAVIT SECTION**

**PART I -** 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to 14th day of June 2013

*[Signature]*

My comm[onwealth] \_\_\_\_\_

**PART II -** If this is a report of a Candidate's Authorized Committee, candidate shall 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 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 14th day of June 2013

*[Signature]*

My comm[onwealth] \_\_\_\_\_

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF Bob DONCHEZ</b>	Reporting Period From <u>05-07-13</u> To <u>06-10-13</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period</b>	(1) <b>\$ 143.40 -</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ 1,442.45 -
<b>TOTAL for the Reporting Period</b>	(2) <b>\$ 1,442.45 -</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 500.00 -
All Other Contributions (Part D)	\$
<b>TOTAL for the Reporting Period</b>	(3) <b>\$ 12,985.20</b>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	<b>\$ 15,071.05 -</b>
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**PART B  
ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>FRIENDS OF BOB DONCHEZ</b>	Reporting Period From <b>05-07-13</b> To <b>6-10-13</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Downa Wagner	05	06	13	\$ 100.00 -
Mailing Address 147 Laurel St.	MO.	DAY	YEAR	\$
City Bethlehem	State PA.	Zip Code (Plus 4) 18015 -		\$
Kathleen McNamara	05	13	13	\$ 250.00 -
Mailing Address 2409 Fairmont Ave.	MO.	DAY	YEAR	\$
City Phila	State PA.	Zip Code (Plus 4) 19130 -		\$
William Kennedy	05	13	13	\$ 250.00 -
Mailing Address 530 S. 2nd St.	MO.	DAY	YEAR	\$
City Phila	State PA.	Zip Code (Plus 4) 19147 -		\$
Allan + Tina DeBrow	05	17	13	\$ 250.00 -
Mailing Address 1919 Chestnut St. Apt. D17	MO.	DAY	YEAR	\$
City Phila	State PA.	Zip Code (Plus 4) 19103 -		\$
William + Melissa Rhodes	05	30	13	\$ 250.00 -
Mailing Address 22 College Ave.	MO.	DAY	YEAR	\$
City Haverford	State PA.	Zip Code (Plus 4) 19041 -		\$
Susan Bahwick	05	23	13	\$ 242.45 -
Mailing Address 185 Brookside Ln	MO.	DAY	YEAR	\$
City Nazareth	State PA.	Zip Code (Plus 4) 18064 -		\$
Cecilia Chupella				\$ 100.00 -
Mailing Address HC 1 Box 23289	MO.	DAY	YEAR	\$
City White Haven	State PA.	Zip Code (Plus 4) 18661 -		\$
				\$
				\$
				\$

**PAGE TOTAL**  
**\$1,442.45 -**



PART C

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES  
OVER \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>FRIENDS OF Bob DONCHEZ</u>	Reporting Period From <u>05-01-13</u> To <u>6-10-13</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>PERAZZI ASSOC</u>	<u>05</u>	<u>25</u>	<u>13</u>	\$ <u>500.00</u>
Mailing Address <u>ONE ORSVEL PLAZA 300 MARKET ST.</u>	MO.	DAY	YEAR	\$
City <u>Phila</u>	MO.	DAY	YEAR	\$
State <u>PA.</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>19104 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 500.00**

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

**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 <b>FRIENDS OF Bob DONCHEZ</b>	Reporting Period From <b>05-07-13</b> To <b>06-10-13</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>MARK PAPIRONE</b>	05	17	13	\$ 1,000.00
Mailing Address <b>2285 Schuylkill ROAD ST 210</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	State <b>PA.</b>	Zip Code (Plus 4) <b>18065 -</b>		\$
Employer Name <b>WESTGATE MAIL</b>	Occupation <b>ATTORNEY</b>			
Employer Mailing Address/Principal Place of Business <b>Bethlehem, PA.</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>EDWARD P. ROSKI JR.</b>	05	20	13	\$ 2,500.00
Mailing Address <b>13121 CROSSROADS PARKWAY WORTH</b>	MO.	DAY	YEAR	\$
City <b>CITY OF INDUSTRY</b>	State <b>CA</b>	Zip Code (Plus 4) <b>91746 -</b>		\$
Employer Name <b>MAJESTIC</b>	Occupation <b>BUSINESSMAN</b>			
Employer Mailing Address/Principal Place of Business <b>SIAIA</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Richard Fusz</b>	<del>05</del>	<del>23</del>	<del>13</del>	\$ 485.20
Mailing Address <b>1238 COLDWATER CANYON DRIVE</b>	MO.	DAY	YEAR	\$
City <b>Beverly Hills</b>	State <b>CA</b>	Zip Code (Plus 4) <b>90210 -</b>		\$
Employer Name <b>SIAIA</b>	Occupation <b>ATTORNEY</b>			
Employer Mailing Address/Principal Place of Business <b>SIAIA</b>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Tim + DONNA Schantz</b>	06	04	13	\$ 500.00
Mailing Address <b>2154 MORNING STAR B.</b>	MO.	DAY	YEAR	\$
City <b>Hellertown</b>	State <b>PA.</b>	Zip Code (Plus 4) <b>18015 -</b>		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>WOODMOUNT PROPERTIES LEHIGH VALLEY</b>	06	04	13	\$ 500.00
Mailing Address <b>100 PASSAIC AVE. STL. 240</b>	MO.	DAY	YEAR	\$
City <b>FAIRFIELD</b>	State <b>NJ</b>	Zip Code (Plus 4) <b>07004 -</b>		\$
Employer Name <b>SHR</b>	Occupation <b>REAL ESTATE INVESTMENT</b>			
Employer Mailing Address/Principal Place of Business <b>COMPANY</b>				

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 <b>FRIENDS OF Bob DONCHEZ</b>	Reporting Period From <u>05-07-13</u> To <u>6-10-13</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Thomas J. Maloney</b>	05	08	2013	\$ 1,000.00-
Mailing Address <b>901 WEST Lehigh STREET</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	MO.	DAY	YEAR	\$
State <b>PA.</b>	Zip Code (Plus 4) <b>18018 -</b>			
Employer Name	Occupation <b>ATTORNEY</b>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>BRIAN TIPTON</b>	05	08	2013	\$ 1,000.00-
Mailing Address <b>3095 HUTCHINSON RIVER RD</b>	MO.	DAY	YEAR	\$
City <b>Phillipsburg</b>	MO.	DAY	YEAR	\$
State <b>PA.</b>	Zip Code (Plus 4) <b>08865 -</b>			
Employer Name	Occupation <b>ATTORNEY</b>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>BALLARD SPAHR LLC</b>	05	13	2013	\$ 1,000.00-
Mailing Address <b>1735 MARKET STREET 51ST FL.</b>	MO.	DAY	YEAR	\$
City <b>Phila</b>	MO.	DAY	YEAR	\$
State <b>PA.</b>	Zip Code (Plus 4) <b>19103</b>			
Employer Name <b>SLIA</b>	Occupation <b>ATTORNEY FIRM</b>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>MURAT GUZEL &amp; ZELMA GUZEL</b>	05	25	13	\$ 3,000.00-
Mailing Address <b>52. E. Union Blvd.</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	MO.	DAY	YEAR	\$
State <b>PA.</b>	Zip Code (Plus 4) <b>18018 -</b>			
Employer Name	Occupation <b>BUSINESSMAN</b>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Greg &amp; Regina Cardano</b>	05	23	2013	\$ 1,000.00-
Mailing Address <b>1806 MENDON RIDGE CT</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>18015 -</b>			
Employer Name	Occupation <b>DRIVER</b>			
Employer Mailing Address/Principal Place of Business				

**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 <b>FRIENDS OF BOB DONCHEZ</b>	Reporting Period From <b>05-07-13</b> To <b>10-13</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <b>Murat Guzel + Zeynep Guzel</b>				06	05	13	\$ 1,000.00
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017 -</b>					
Employer Name				Occupation <b>Businessman</b>			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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



**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF Bob DONCHEZ</b>	Reporting Period From <u>05-07-13</u> To <u>6-10-13</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <u>-0-</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <u>-0-</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <u>15,000.00-</u>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$ <u>15,000.00-</u>
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF Bob DONCHEZ</b>	Reporting Period From <u>05-07-13</u> To <u>6-10-13</u>
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				DATE	AMOUNT
Full Name of Contributor <b>Lehigh Valley Association of Realtors PAC</b>				MO. DAY YEAR <b>05 30 13</b>	\$ <b>15,000.00 -</b>
Mailing Address <b>(LVAR-PAC) 10 S. Commerce Way</b>				MO. DAY YEAR	\$
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017 -</b>		MO. DAY YEAR	\$
Employer of Contributor <b>SIA/A</b>				Occupation <b>PAC</b>	
Employer Mailing Address/Principal Place of Business <b>-</b>				Description of Contribution <b>RAOV AD Production + spots</b>	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 15,000.00 -**

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate				Reporting Period			
FRIENDS OF BOB DONCHEZ				From 05-07-13 To 06-10-13			
To Whom Paid				MO.	DAY	YEAR	Amount
Northampton County Demo Committee				05	07	13	\$250.00--
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		AD EXPENSE			
Lehigh Valley	PA.	-					
To Whom Paid				MO.	DAY	YEAR	Amount
Tom SEVERSON				05	08	13	\$5,400.00
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Polling / Consulting SERVICES			
Pen Argyl	PA.	-					
To Whom Paid				MO.	DAY	YEAR	Amount
MJR SERVICES INC.				05	08	13	\$471.99
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Mailing / Printing expenses			
Phillipsburg	NJ	08865 -					
To Whom Paid				MO.	DAY	YEAR	Amount
HARDLOW BUSINESS				05	09	13	\$117.28--
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)					
Bethlehem	PA.	-					
To Whom Paid				MO.	DAY	YEAR	Amount
CHERYL DORSCHEITZ				05	10	13	\$953.12
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Graphic Design work on mail POSTCARDS			
Coplay	PA	1803A -					
To Whom Paid				MO.	DAY	YEAR	Amount
ROBERT DONCHEZ							\$346.00--
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Facebook REIMBURSEMENT ADS			
Bethlehem	PA	18011 -					
To Whom Paid				MO.	DAY	YEAR	Amount
MJR SERVICES INC.				05	11	13	\$186.60
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Mailing / Printing expenses			
Phillipsburg	PA.	08865 -					
To Whom Paid				MO.	DAY	YEAR	Amount
Deli				05	21	13	\$600.00
Mailing Address				Description of Expenditure			
City	State	Zip Code (Plus 4)		Food expense ELECTION NIGHT			
Bethlehem	PA.	-					

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

PAGE TOTAL  
**\$8,924.39**

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF BOB DONCHEZ</b>	Reporting Period From <b>05-07-13</b> To <b>06-10-13</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>RIECK CONSULTING</b>	<b>05</b>	<b>14</b>	<b>13</b>	<b>\$4,470.00</b>
Mailing Address: <b>P.O. BOX 1865 1146 HAMILTON ST.</b>				
Description of Expenditure: <b>ELECTION DAY EXPENSES</b>				
City: <b>ALLENTOWN</b>	State: <b>PA</b>	Zip Code (Plus 4): <b>18105 -</b>		
<b>COMFORT SUITES</b>	<b>05</b>	<b>21</b>	<b>13</b>	<b>\$86.90-</b>
Mailing Address: <b>120 W. THIRD ST.</b>				
Description of Expenditure: <b>ROOM FOR ELECTION NIGHT</b>				
City: <b>BETHLEHEM</b>	State: <b>PA</b>	Zip Code (Plus 4): <b>18015 -</b>		
<b>COMFORT SUITES</b>	<b>05</b>	<b>21</b>	<b>13</b>	<b>\$2,312.86-</b>
Mailing Address: <b>120 W. THIRD ST.</b>				
Description of Expenditure: <b>MEETINGS ROOMS/ELECTION NIGHT</b>				
City: <b>BETHLEHEM</b>	State: <b>PA</b>	Zip Code (Plus 4): <b>18015 -</b>		
<b>CAPITOL PROMOTIONS</b>	<b>05</b>	<b>14</b>	<b>13</b>	<b>\$30.72-</b>
Mailing Address: <b>P.O. BOX 231</b>				
Description of Expenditure: <b>MIX. (RND) SIGNS COST</b>				
City: <b>GLAUSIDE</b>	State: <b>PA.</b>	Zip Code (Plus 4): <b>19038 -</b>		
<b>POSTMASTER</b>	<b>05</b>	<b>14</b>	<b>13</b>	<b>\$7,500.00</b>
Mailing Address: <b>17 S. COMMUNION WAY</b>				
Description of Expenditure: <b>MAILING COST</b>				
City: <b>BETHLEHEM</b>	State: <b>PA</b>	Zip Code (Plus 4): <b>18002 -</b>		
<b>PAYNE PRINTERS INC</b>	<b>05</b>	<b>15</b>	<b>13</b>	<b>\$2,785.68</b>
Mailing Address: <b>3235 MEMORIAL HIGHWAY</b>				
Description of Expenditure: <b>COST OF MAIL PRINT</b>				
City: <b>DALLAS</b>	State: <b>PA.</b>	Zip Code (Plus 4): <b>18602 -</b>		
<b>PAYNE PRINTERS INC</b>	<b>05</b>	<b>15</b>	<b>13</b>	<b>\$6,362.05</b>
Mailing Address: <b>3235 MEMORIAL HIGHWAY</b>				
Description of Expenditure: <b>COST OF MAIL PRINT</b>				
City: <b>DALLAS</b>	State: <b>PA.</b>	Zip Code (Plus 4): <b>18602 -</b>		
<b>MJR SERVICES</b>	<b>05</b>	<b>19</b>	<b>13</b>	<b>\$1,786.60-</b>
Mailing Address: <b>540 COLISS AVE.</b>				
Description of Expenditure: <b>MAILING/SUITS EXPENSES</b>				
City: <b>PHILLIPSBURG</b>	State: <b>PA.</b>	Zip Code (Plus 4): <b>08865 -</b>		

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

**PAGE TOTAL**  
**\$24,334.81**



# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF BOB DOUCHEZ</b>	Reporting Period From <u>05-07-13</u> To <u>06-10-13</u>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
Fleck Consulting	05	28	13	\$501.33
Mailing Address 1146 Hamilton ST.	Description of Expenditure Consulting Services			
City Allentown	State PA	Zip Code (Plus 4) 18105 -		
To Whom Paid Liberty High Schol Secim TEAO	05	22	13	\$100.00 -
Mailing Address	Description of Expenditure AD IN PROGRAM			
City Bethlehem	State PA	Zip Code (Plus 4) -		
To Whom Paid Robert Douchez	05	23	13	\$850.12
Mailing Address 307 Devonshire Drive	Description of Expenditure Reimbursemt For			
City Bethlehem	State PA	Zip Code (Plus 4) 18011 -		
To Whom Paid MSR Services Inc.	05	24	13	\$629.32
Mailing Address 540 Carliss Ave.	Description of Expenditure Marketing / Social media expenses			
City Phillipsburg	State PA	Zip Code (Plus 4) 08865 -		
To Whom Paid CMD Monganelli Designs	05	25	13	\$3,080.00 -
Mailing Address 835 Baronsdale Road	Description of Expenditure Design + Development of			
City Bethlehem	State PA	Zip Code (Plus 4) 18011 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL  
**\$5,160.77**

**CAMPAIGN FINANCE STATEMENT**

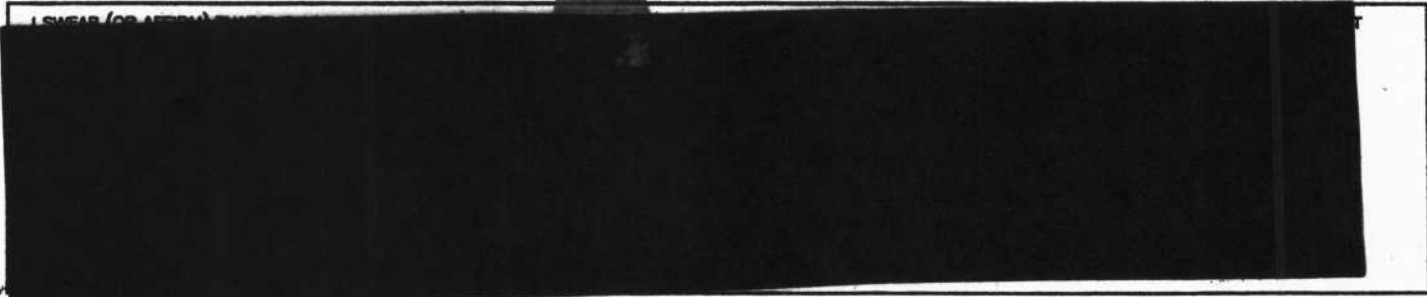
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

<b>FILER IDENTIFICATION NUMBER</b>	<b>REPORT FILED ON BEHALF OF</b>	<input type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE <sup>2</sup>	<input type="checkbox"/> LOBBYIST <sup>1</sup>	
<b>NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST</b> Robert J. Dauchez					
<b>STREET ADDRESS</b> 377 DEUONSHIRE DRIVE					
<b>CITY</b> Bethlehem		<b>STATE</b> PA	<b>ZIP CODE</b> 18017		
<b>TYPE OF REPORT (CHECK ONE)</b>	<b>NAME OF OFFICE SOUGHT BY CANDIDATE</b> Mayor of Bethlehem		<b>DISTRICT NO.</b> City of Bethlehem	<b>PARTY</b> DEMO	
	<b>DATE OF ELECTION</b>				
			MO.	DAY	YEAR
			05	21	2013
			<b>FOR OFFICE USE ONLY</b>		
	<b>DATES OF REPORTING PERIOD</b>				
			MO.	DAY	YEAR
		05	07	13	
		TO	MO.	DAY	YEAR
			06	10	13
<b>CASH BALANCE AT END OF REPORTING PERIOD:</b>		\$ -0-			
<b>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</b>		\$ -0-			
<b>AMENDMENT REPORT?</b>		YES	NO	<input checked="" type="checkbox"/>	
<b>TERMINATION REPORT?</b>		YES	NO	<input checked="" type="checkbox"/>	
1.	6TH TUESDAY PRE-PRIMARY				
2.	2ND FRIDAY PRE-PRIMARY				
3.	30 DAY POST-PRIMARY				
4.	6TH TUESDAY PRE-ELECTION				
5.	2ND FRIDAY PRE-ELECTION				
6.	30 DAY POST-ELECTION				
7.	ANNUAL REPORT				

**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.



**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		SIGNATURE OF CANDIDATE	
DAY OF	20	_____	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES	MO.	DAY	YR.
_____	_____	_____	_____
AREA CODE		DAYTIME TELEPHONE NUMBER	
_____	_____	_____	_____

# Amended Campaign Finance Report for Friends of Bob Donchez

Report (01/01/2013-05/06/2013)

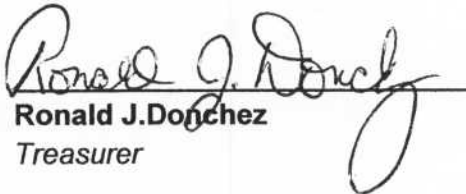
Ending Cash Balance Reported: **\$50,615.22**

Net Adjustment: **(-\$2,282.97)**

End Cash Balance: **\$48,332.25**

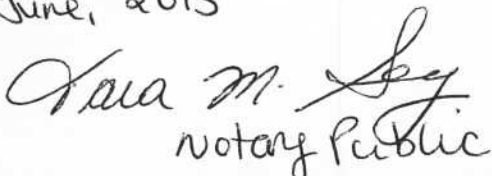
Adjustment due to the following:

- 1) An expense of \$2,628.00 to Payne Printery, Inc. was recorded on Page 32, but was still outstanding in checkbook balance. (-\$2,628.00)
- 2) An expense of \$345.03 to The Borderline was recorded on Page 32 but was incorrectly listed as outstanding in the checkbook balance. (+\$345.03)

  
Ronald J. Donchez  
Treasurer

  
Robert J. Donchez  
Candidate

Sworn to and Subscribed  
Before me this 14<sup>th</sup> day of  
June, 2013

  
Tara M. Szy  
Notary Public

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Tara M. Szy, Notary Public  
City of Bethlehem, Northampton County  
My Commission Expires Nov. 17, 2013  
Member, Pennsylvania Association of Notaries

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.)

<b>Filer Identification Number:</b>	<b>Report Filed By:</b>	<b>CANDIDATE</b> <sup>1.</sup>	<b>COMMITTEE</b> <sup>2.</sup> <input checked="" type="checkbox"/>	<b>LOBBYIST</b> <sup>3.</sup>
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Friends of Bob 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</b>  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	5TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup>	YEAR	<b>FILING METHOD</b> ( <input checked="" type="checkbox"/> ) CHECK ONE	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

<b>Name of Office Sought by Candidate:</b> Mayor of Bethlehem	<b>DATE OF ELECTION</b>	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR	City			
	05 21 2013	Bethlehem	OTH	DEM	48
(SEE INSTRUCTIONS FOR CODES)					

<b>Summary of Receipts and Expenditures from:</b>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	<b>To</b>	<b>MO.</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>
	05	07	2013		06	10	2013	
A. Amount Brought Forward From Last Report	\$ 48,332.25							
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 15,071.05							
C. Total Funds Available (Sum of Lines A and B)	\$ 63,403.30							
D. Total Expenditures (From Schedule III)	\$ 38,419.97							
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 24,983.33							
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 15,000.00							
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -0-							

**AFFIDAVIT SECTION**

**PART I - 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 14<sup>th</sup> day of June

<u>Tara M. Szy</u> Signature	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Tara M. Szy, Notary Public City of Bethlehem, Northampton County My Commission Expires Nov. 17, 2013 Member, Pennsylvania Association of Notaries	<u>Ronald J. Donchez</u> Signature of Person Submitting Report
My commission expires <u>11</u> <u>17</u> <u>2013</u> MO. DAY YR.		<u>Ronald J. Donchez</u> Printed Name
	<u>610</u> Area Code	<u>432-5273</u> Daytime Telephone Number

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 14<sup>th</sup> day of June

<u>Tara M. Szy</u> Signature	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Tara M. Szy, Notary Public City of Bethlehem, Northampton County My Commission Expires Nov. 17, 2013 Member, Pennsylvania Association of Notaries	<u>Ronald J. Donchez</u> Signature of Candidate
My commission expires <u>11</u> <u>17</u> <u>2013</u> MO. DAY YR.		<u>Ronald J. Donchez</u> Printed Name
	<u>610</u> Area Code	<u>868-4680</u> Daytime Telephone Number



**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 type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/> <sup>2</sup>	LOBBYIST <input type="checkbox"/> <sup>3</sup>													
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													
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>05</td> <td>07</td> <td>13</td> <td></td> <td>06</td> <td>10</td> <td>13</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	05	07	13		06	10	13	City of <b>Bethlehem</b>
MO.	DAY	YEAR	TO	MO.	DAY	YEAR											
05	07	13		06	10	13											
DATE OF ELECTION		FOR OFFICE USE ONLY															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>05</td> <td>21</td> <td>2013</td> </tr> </table>					MO.	DAY	YEAR	05	21	2013							
MO.	DAY				YEAR												
05	21				2013												
1. 6TH TUESDAY PRE-PRIMARY																	
2. 2ND FRIDAY PRE-PRIMARY																	
3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/>																	
4. 6TH TUESDAY PRE-ELECTION																	
5. 2ND FRIDAY PRE-ELECTION																	
6. 30 DAY POST-ELECTION																	
7. ANNUAL REPORT																	
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>    -0-    </u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>    -0-    </u>		<table border="1" style="width:100%; border-collapse: collapse;"> <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"/>														

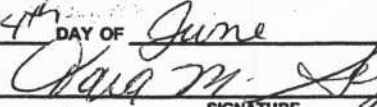
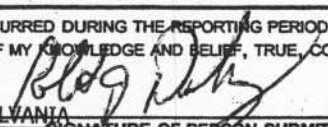
**AFFIDAVIT SECTION**

**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 EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14<sup>th</sup> DAY OF June 2013

SIGNATURE 	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Tara M. Szy, Notary Public City of Bethlehem, Northampton County My Commission Expires Nov. 17, 2013 Member, Pennsylvania Association of Notaries	SIGNATURE OF PERSON SUBMITTING REPORT 
MY COMMISSION EXPIRES <u>11</u> MO. <u>17</u> DAY <u>2013</u> YR.	AREA CODE <u>610</u>	PRINTED NAME <b>Robert J. DONCHEZ</b>  DAYTIME TELEPHONE NUMBER <b>868-4680</b>

**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	SIGNATURE OF CANDIDATE
MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	PRINTED NAME
AREA CODE _____	DAYTIME TELEPHONE NUMBER _____