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 CANDED	ATE .	COMMETTEE 2 STORMYST 3.
NAME OF FILING COMMITTEE, CAL	NOBATE OR LOBBYIST OBERT J. DONCHEZ	ON BEHALF OF		COMMITTED STATES
STREET ADDRESS	177 DEVONSHIRE DR	IVE		
GITY BE	ethlehem	STATE PA.	ZIP CC	18917 —
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY		DATE OF ELECTION
6TH TUESDAY 1.	major-city of Bethlehem	<u>cmo</u>	J.CAK	
2ND FRIDAY PRE-PRINARY 30 DAY POST-PRINARY	DATES OF REPORTING PERIOD OJ OJ 2022 TO		FOR OFFICE USE ONLY	
6TH TUESDAY 4. PRE-ELECTION 5. PRE-ELECTION 5.	CASH BALANCE AT END OF REPORTING PERIOD; TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD;	\$ -0-	,	
30 DAY 6. POST-ELECTION 7. ANNUAL 7. REPORT	AMENDMENT YES N TERMINATION YES N	40 X		,
		IT SECTION	L	

PARTI-

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





Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	,	~		ort Filed B irk X)	y Candida	ate		Committee		X	Lobbyist		
Name of Filing Committee, Candidate or Lobbyist				FRIENDS OF BOB DONCHEZ PAC									
Street Address				377 DEVONShiRE ORIVE									
City		BETHI	ehs	Ξ.Λ·	State	PA		Zip Code	1	8017			
Type of Report (Place	e x under	report type)										to the same of	
1-6 th Tuesday 2-7 Pre-Primary Pre-		3- 30 Day Post Primary		Tuesday lection	5- 2 nd Friday Pre- Election			7- Annual	Special of Pre-Elec	2 nd Friday tion	Special 3 Post-Elec		200
	X												New Spinster
Date Of Election (MM/DD/YYYY)			Year	ASSANTAN Kanada		Amend Report			Termina Report	tion]	had and divine a sec
Summary of Receipt Expenditures	Area (Area)	From Date 01/01/2023		To Date	2/2022			For	Office Use	Only		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	\$0 1
A. Amount Brought					30158								
B. Total Monetary C (From Schedule I)	and the second of the second o	ons and Receipts			560,00						•		
C. Total Funds Availa (Sum of Lines A and		and the second second	\$	88	જા.ડ૪								
D. Total Expenditure (From Schedule III)	s		\$	1,3	35.00								
E. Ending Cash Balan (Subtract Line D from			\$	87,	466.58							<u>is</u> .	cznz
F. Value of In-Kind C (From Schedule II)	ontributio		\$ 		0,							1	37,20
G. Unpaid Debts and (From Schedule IV)	1	ons 	\$		0-							ia - Nota Public Inty	mber 11642
	.144	+ +	ana lea	bla is a Com	Affidavit Se		an hore					rkani Eary P Cour	ber 1
Part 1- If this is a Comm									rue, correc	and comple	te.	\$ 5 5 5	짦

SCHEDULE I

Contributions and Receipts Detailed Summary Page

FRIENDS	0F	BoB	DON CHEZ	PAC	
	·	<u> </u>			The second secon

MEDinterrizer (co) (u) ivino, serrollte depte displotor essi			
	the reporting period	(1)	\$ -6-
23000000000000000000000000000000000000			
Contributions Received from Political Committees (Part A)			\$ ~()-
All Other Contributions (Part B)			\$ -0-
·	the reporting period	(2)	\$ -6-
Sicontributions (et al 23 fold of the production of the state of the s			
Contributions Received from Political Committees (Part C)			\$ -6-
All Other Contributions (Part D)			\$ -0-
Total for t	the reporting period	(3)	\$ -6-
A Office Receipts Hermite American community			
	the reporting period	(4)	\$ 500.00
Total Monetary Contributions and Receipts during this rep enter amount totals from Boxes 1, 2, 3 and 4; also enter the Cover Page, Item B)	orting period (Add and is amount on Page 1, Re	port	\$ 500.00 500.00

SCHEDULE III

Statement of Expenditures

Filer Identification Num	ber:	FRIENDS	OF	BoB	DONCHES	PAC	
Employer and the second	gir-communic van					高はMM/np/yyyyl数でき	-

Tro Whom Paid	Date [MM/DD/YYYY] \$ \$
FRIENDS OF LISA BOSCOL	A 03/30/2022 1,000.00
House # 385 Street Address Palmetta DRIVE	Description of Expenditure
City EASTON State PA. Zip' Code	18045 CAMPAIGN CONTRIBUTION
TO WHOM PAID FRIENDS OF TARA ZRIN	Date [MM/DD/YYYY] \$ 300.00
House # Street Address	Description of Expenditure
HARAGET LANG	
Bethlehen DA. Code	18017 CAMPAIGN CONTRIBUTION
To Whom Paid BBAT BANK	04/26/2022 35.00
House # Street Address	Description of Expenditure
City BETHEVEN State PA. Zip Code	5TOP PAYMENT CHECK FEE S
To Whom Pald	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	The state of the s
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
Citý 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/XXYX] \$
House # Street Address	Description of Expenditure
City State Zip Code	
Tổ Whom Păid	*DateIMM/DD/YYYY];; \$
House # Street Address	Description of Expenditure
City State Zip Code	

PART E

Other Receipts

Filer Identification Number:

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	97.91 25.01	FRIE	ENDS C	dob R	DONCHEZ	
	.c.s.sl					
Full Name		FRIEN	5 70 20	Zernne	mereill	
House # 3163	Street Ad	(15092)	FRONT	র্ডা.		
City	V	ohte hall	PA. P	A. Code V	*Date [M となる ころ」	(1/a0a1 500.00
Receipt Description	45.6.36			BN JEANNE	, moveril/ Ner	oer received
Füll Name	િલ	Jeane	machill on	04/30/22	STE PAYMOT	will be placed on it.
House #	Street Ac	Idress This	\$ 500.00 C	hece was	Reported on	Aurual Deport 13/3/2621
City			State	Zip Code	Dåte IN	1M/DD/YYYY] \$
Receipt Description						
Full Name						
House #	Street Ad	Idress				
City			State	Zip Code	Date [N	IM/DD/YYYY] \$
Receipt Description			Estation and	[15 4 0.42, N.3 4, 40]		(-7°.4)
Full Name				· · · · · · · · · · · · · · · · · · ·		
House #	Street Ac	dress				
City		M. 5. 37. 1	State	Zip Code	:Date (N	/IM/DD/YYYY] \$
Receipt Description			To man 7 Garage (GPF)	1 (25 (57/3-9)	<u> </u>	E ** M
Full Name	17.				, ,	
House #	Street Ac	ldress				
City			State	Zip Code	Date (N	/M/DD/XXXXI
Receipt Description	70.00		production of	b a second south		P-XI
Full Name	92.K					
	Street Ac	dress				
Citý (State/	Zip Code	Date (N	MM/DD/YYYY] \$
Receipt Description					Western Street	