

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	<input type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	²	<input type="checkbox"/> 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)	NAME OF OFFICE SOUGHT BY CANDIDATE MAYOR - CITY OF BETHLEHEM					
	<input type="checkbox"/> 1. 6TH TUESDAY PRE-PRIMARY			DISTRICT NO. City of Bethlehem		PARTY Democrat
	<input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY			DATE OF ELECTION		
	<input type="checkbox"/> 3. 30 DAY POST-PRIMARY			MO.	DAY	YEAR
	<input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION			11	31	2019
	<input type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION			FOR OFFICE USE ONLY		
	<input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION					
<input checked="" type="checkbox"/> 7. ANNUAL REPORT						
DATES OF REPORTING PERIOD			MO.	DAY	YEAR	
			11	26	2019	
			TO	MO.	DAY	YEAR
				12	31	2019
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	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 Committee, the Treasurer must sign.
 If statement is filed on behalf of a Candidate, the Candidate must sign.



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20140238	Report Filed By (Mark X)	<input type="checkbox"/>	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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)		11/2019		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/26/2019	12/31/2019	
A. Amount Brought Forward From Last Report	\$	111,077.26	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	111,077.26	
D. Total Expenditures (From Schedule III)	\$	34.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	111,043.26	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

Affidavit Section

Part 1- 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, is to the best of my knowledge and belief true, correct and complete.

Notary Seal
 Pennsylvania - Notary Seal
 Berks County
 November 17, 2021
 Notary Public
 Number 1164267
 ASSOCIATION OF NOTARIES

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **20140238** **FRIENDS OF BOB DONCHEZ PAC**

To Whom Paid	BB&T BANK			Date [MM/DD/YYYY]	\$	34.00
House #	Street Address	City	State	Zip Code	Description of Expenditure	
	HAMILTON STREET	ALLENTOWN	PA.		STOP PAYMENT CHECK EXPENSE	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure	