

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	<sup>2</sup>	LOBBYIST	<sup>1</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	DATE OF ELECTION															
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<b>Mayor - City of Bethlehem</b>			<b>City of Bethlehem</b>	<b>Dem</b>	MO.	DAY	YEAR													
		DATES OF REPORTING PERIOD <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>05</td> <td>19</td> <td>2020</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>09</td> <td>14</td> <td>2020</td> </tr> </table>			MO.	DAY	YEAR	05	19	2020	MO.	DAY	YEAR	09	14	2020			11 03 2020		FOR OFFICE USE ONLY	
MO.	DAY	YEAR																				
05	19	2020																				
MO.	DAY	YEAR																				
09	14	2020																				
		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>																				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																				
		TERMINATION REPORT? YES <input type="checkbox"/> 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.



Reset Form

Print Form

### 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)	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 DEWONSHIRE DRIVE							
City	Bethlehem	State	PA.	Zip Code	18017			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/3/2020	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/19/2020	09/14/2020	
A. Amount Brought Forward From Last Report	\$	111,043.26	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	111,043.26	
D. Total Expenditures (From Schedule III)	\$	3,026.82	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	108,016.44	
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.

Sworn to and signed by:

SCHEDULE III  
Statement of Expenditures

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

To Whom Paid		SUSAN WILD FOR CONGRESS			Date [MM/DD/YYYY]	\$	1,000.00-
House #	Street Address	N. CEDAR CREST Blvd. #183			Description of Expenditure		
City	State	PA.	Zip Code	18104	Campaign Contribution		
To Whom Paid		TERRY HOUCK, D.A.			Date [MM/DD/YYYY]	\$	1,000.00-
House #	Street Address	P.O. Box 519			Description of Expenditure		
City	State	PA.	Zip Code	18085	Campaign Contribution		
To Whom Paid		LAMONT McClure County Executive			Date [MM/DD/YYYY]	\$	1,000.00-
House #	Street Address	Scheerman Blvd.			Description of Expenditure		
City	State	PA.	Zip Code	18020	Campaign Contribution		
To Whom Paid		BBFT BANK			Date [MM/DD/YYYY]	\$	26.82
House #	Street Address				Description of Expenditure		
City	State	PA.	Zip Code	18016	New check order / PAC DDA		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	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/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State		Zip Code				