

**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	▶ Robert J. Donchez		REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	2	LOBBYIST <input type="checkbox"/>	1												
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			DISTRICT NO.		PARTY		DATE OF ELECTION											
6TH TUESDAY PRE-PRIMARY 1.		Mayor of Bethlehem			City of Bethlehem		Dem		MO. DAY YEAR											
2ND FRIDAY PRE-PRIMARY 2.									MO. DAY YEAR											
30 DAY POST-PRIMARY 3.									MO. DAY YEAR											
6TH TUESDAY PRE-ELECTION 4.									MO. DAY YEAR											
2ND FRIDAY PRE-ELECTION 5. <input checked="" type="checkbox"/>									MO. DAY YEAR											
30 DAY POST-ELECTION 6.									MO. DAY YEAR											
ANNUAL REPORT 7.									MO. DAY YEAR											
DATES OF REPORTING PERIOD: <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>09</td><td>18</td><td>2018</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>22</td><td>2018</td></tr> </table>									MO.	DAY	YEAR	09	18	2018	MO.	DAY	YEAR	10	22	2018
MO.	DAY	YEAR																		
09	18	2018																		
MO.	DAY	YEAR																		
10	22	2018																		
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"/>																				

FOR OFFICE USE ONLY

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**AFFIDAVIT SECTION**

Notary Seal

PART I -

This statement is filed on behalf of Robert J. Donchez

# Commonwealth of Pennsylvania - Campaign Finance Report

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

File Number 20140238	Report filed by <input type="checkbox"/> Marked	Candidate <input type="checkbox"/>	Committee <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbying 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)

<input type="checkbox"/>	<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"/>
Local Primary	Special Primary	General Election	Special Election	Ballot Issue	Ballot Issue	Ballot Issue	Ballot Issue	Ballot Issue
Date of Filing 11/07/2018		Year		Amendment Report		Termination Report		

Description of Transaction	From Date	To Date	For Office Use Only
Amounts brought forward from last Report	09/18/2018	10/22/2018	
Total Available from all sources			\$ 135,815.07
From Disbursements			\$ -0-
Total Available Available			\$ 135,815.07
From Disbursements			\$ 2,250.00
Total Available from Disbursements			\$ 133,565.07
Amounts from (paid to or by) Rep. Received			\$ -0-
Amounts from (paid to or by) Rep. Disbursed			\$ -0-

Notary Seal  
 Pennsylvania  
 Public  
 County  
 November 17, 2021  
 #1164267  
 CAUTION OF NOTARIES

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>File Identification Number</b>	FRIENDS OF Bob DONCHEZ PAC		
<b>1. Itemized Contributions and Receipts \$5,000 or Less per Contribution</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.00 to \$250.00 from Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (from Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, ETC. (from Part E)</b>			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$
			- 0 -

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: <b>20140238</b>	<b>FRIENDS OF BOB DONCHEZ, PAC</b>
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To Whom Paid	BDCC-Bethlehem Democratic	Date [MM/DD/YYYY]	\$ 500.00-
House #	Street Address	Description of Expenditure	
<b>PO</b>	<b>Box 1792</b>	<b>Contribution AD</b>	
City	State	Zip Code	
<b>Bethlehem</b>	<b>PA.</b>	<b>18016</b>	

To Whom Paid	AMY GOZZE STATE REPRESENTATIVE	Date [MM/DD/YYYY]	\$ 250.00-
House #	Street Address	Description of Expenditure	
<b>143</b>	<b>S. MAIN ST.</b>	<b>Contribution/Political Campaign</b>	
City	State	Zip Code	
<b>NAZARETH</b>	<b>PA.</b>	<b>18067</b>	

To Whom Paid	FRIENDS OF LAMONT McCLURE	Date [MM/DD/YYYY]	\$ 500.00-
House #	Street Address	Description of Expenditure	
<b>410</b>	<b>SCHERMAN Blvd.</b>	<b>Contribution Political Campaign</b>	
City	State	Zip Code	
<b>Bethlehem</b>	<b>PA.</b>	<b>18020</b>	

To Whom Paid	FRIENDS OF LISA BOSCOLA	Date [MM/DD/YYYY]	\$ 500.00-
House #	Street Address	Description of Expenditure	
<b>385</b>	<b>PALMETTO DRIVE</b>	<b>Contribution/Political Campaign</b>	
City	State	Zip Code	
<b>Easton</b>	<b>PA.</b>	<b>18045</b>	

To Whom Paid	PA. HOUSE DEMOCRATIC CAMPAIGN COMMITTEE	Date [MM/DD/YYYY]	\$ 500.00-
House #	Street Address	Description of Expenditure	
<b>1529</b>	<b>CATALINA AVE.</b>	<b>Contribution</b>	
City	State	Zip Code	
<b>Allentown</b>	<b>PA.</b>		

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	