

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>													
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													
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>01</td><td>01</td><td>15</td> <td></td> <td>06</td><td>08</td><td>15</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	01	01	15		06	08	15	City of Bethlehem
MO.	DAY	YEAR	TO	MO.	DAY	YEAR											
01	01	15		06	08	15											
1. 6TH TUESDAY PRE-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> -0- </u>		DATE OF ELECTION														
2. 2ND FRIDAY PRE-PRIMARY	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> -0- </u>		MO. DAY YEAR														
3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FOR OFFICE USE ONLY														
4. 6TH TUESDAY PRE-ELECTION	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																
5. 2ND FRIDAY PRE-ELECTION																	
6. 30 DAY POST-ELECTION																	
7. ANNUAL REPORT																	

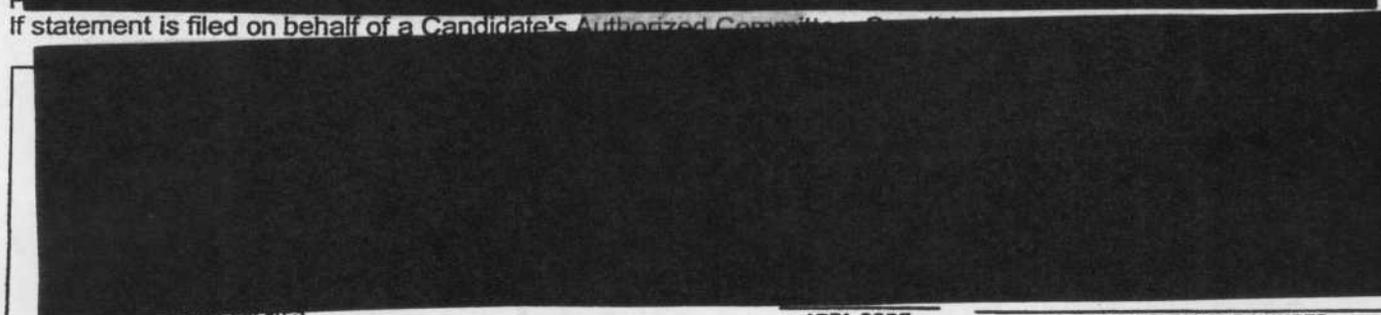
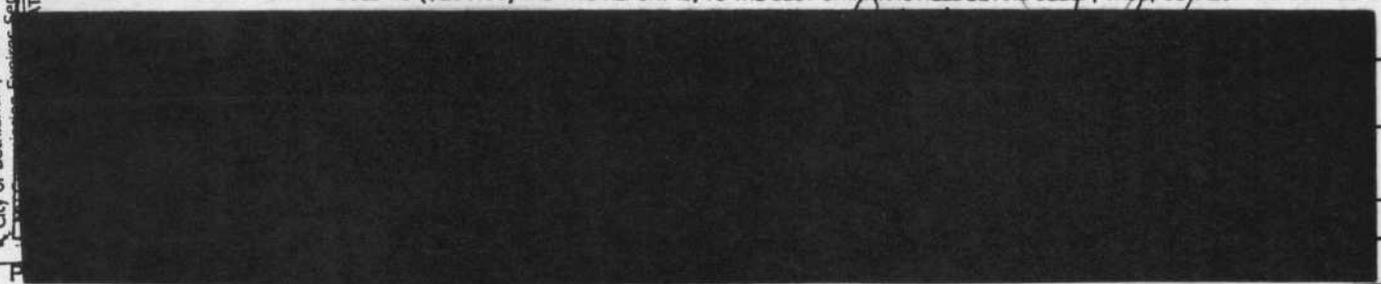
AFFIDAVIT SECTION

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.

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.

Notarial Seal
 Lisa Ann Pereira, Notary Public
 City of Bethlehem, Northampton County
 Notary Public, Exp. 09/13/2015



MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER



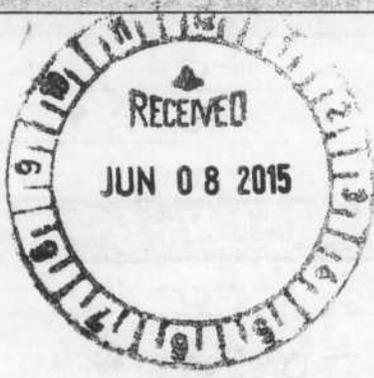
Commonwealth of Pennsylvania - Campaign Finance Report

(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 DONACHEZ							
Street Address		377 DEVONSHIRE DRIVE							
City	Bethlehem	State	PA.	Zip Code	18017				

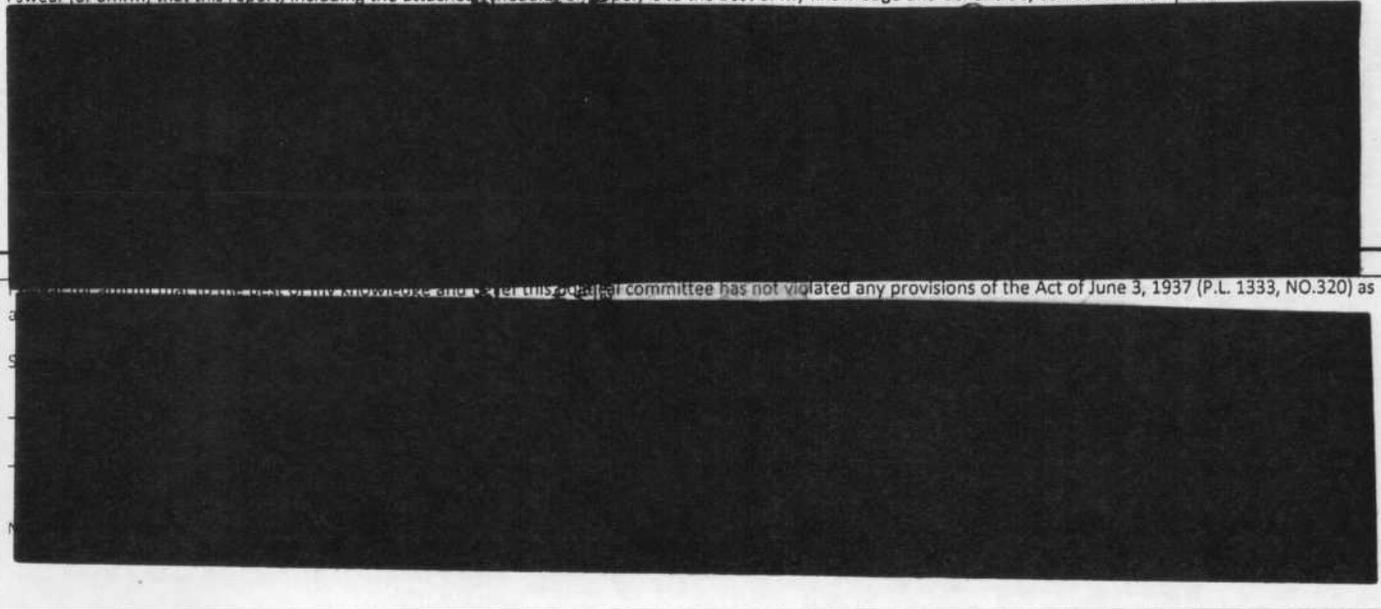
Type of Report (Place x under report type)

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01-01-15	06-08-15	
A. Amount Brought Forward From Last Report	\$	96,077.56	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100.00	
C. Total Funds Available (Sum of Lines A and B)	\$	96,177.56	
D. Total Expenditures (From Schedule III)	\$	3,954.65	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	92,222.91	
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.



COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
 Lisa Ann Pereira, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires Sept. 13, 2015
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	FRIENDS OF BOB DONCHEZ		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	- 0 -
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	- 0 -
All Other Contributions (Part B)		\$	100.00
Total for the reporting period	(2)	\$	100.00 -
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	- 0 -
All Other Contributions (Part D)		\$	- 0 -
Total for the reporting period	(3)	\$	- 0 -
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	- 0 -
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>		\$	\$ 100.00 -

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	FRIENDS OF Bob DONCHEZ
------------------------------	------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$
Bill FitzPatrick				03-06-15	100-00
House #	Street Address			Date [MM/DD/YYYY]	\$
732	Center ST.				
City	State	Zip Code			Date [MM/DD/YYYY]
Bethlehem	PA.	18018			
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]

SCHEDULE III
Statement of Expenditures

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

To Whom Paid		ANN SCHIEGEL			Date [MM/DD/YYYY]	\$	3,000.00
House #	Street Address				Description of Expenditure		
City	ALLENTOWN	State	PA.	Zip Code	MADE BEHTRAIT / BETHLEHEM CITY HALL		
To Whom Paid		FRIENDS OF SHAWN MARTELL			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18015 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		FRIENDS OF JEFF KOCSIS			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18018 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		FRIENDS OF MICHAEL REUCHETTI			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18018 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		FRIENDS OF MIKE COLO			Date [MM/DD/YYYY]	\$	150.00-
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18018 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		FRIENDS OF MATT MCKENNA			Date [MM/DD/YYYY]	\$	150.00-
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18018 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		FRIENDS OF OLGA NEGRUN			Date [MM/DD/YYYY]	\$	150.00
House #	Street Address				Description of Expenditure		
City	BETHLEHEM	State	PA.	Zip Code	18015 DONATION TO PRIMATE CAMPAIGN		
To Whom Paid		NATIONAL POOL BANK			Date [MM/DD/YYYY]	\$	4.65
House #	Street Address				Description of Expenditure		
City	ALLENTOWN	State	PA.	Zip Code	CHECK / COST EXPRESS		