

**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 checked="" type="checkbox"/> COMMITTEE	<sup>2</sup>	<input type="checkbox"/> LOBBYIST	<sup>3</sup>			
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 <sup>1.</sup>		Mayor of Bethlehem			City of Bethlehem	Demo	MO.	DAY	YEAR		
2ND FRIDAY PRE-PRIMARY <sup>2.</sup>							11	07	2017		
30 DAY POST-PRIMARY <sup>3.</sup>							FOR OFFICE USE ONLY				
6TH TUESDAY PRE-ELECTION <sup>4.</sup>											
2ND FRIDAY PRE-ELECTION <sup>5.</sup>											
30 DAY POST-ELECTION <sup>6.</sup>											
ANNUAL REPORT <input checked="" type="checkbox"/>											
DATES OF REPORTING PERIOD											
MO.		DAY		YEAR		MO.		DAY		YEAR	
11		28		2017		12		31		2017	
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"/>					

PART I -

AFFIDAVIT SECTION

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number <b>20140238</b>	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 <b>FRIENDS OF BOB DONCHEZ PAC</b>				
Street Address <b>377 DEVONSHIRE DRIVE</b>				
City <b>Bethlehem</b>	State <b>PA.</b>	Zip Code <b>18017</b>		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY) <b>11/07/2017</b>			Year <b>2017</b>		Amendment Report <input type="checkbox"/>	Termination Report <input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	<b>11/08/2017</b>	<b>12/31/2017</b>	
A. Amount Brought Forward from last Report		\$	
B. Total Monetary Contributions and Receipts (From Schedule A)		\$	<b>141,179.20</b>
C. Total Funds Available (Sum of lines A and B)		\$	<b>141,179.20</b>
D. Total Disbursements (From Schedule III)		\$	<b>34.13</b>
E. Ending Cash Balance (Sum of line D from line C)		\$	<b>141,145.07</b>
F. Value of in Kind Contributions Received (From Schedule I)		\$	<b>-0-</b>
G. Unpaid Debts and Obligations (From Schedule IV)		\$	<b>-0-</b>

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

SCHEDULE III  
Statement of Expenditures

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

To Whom Paid		BBOT BANK		Date [MM/DD/YYYY]	\$	9.17
House #	Street Address		12/05/2017			
City	State		7th + Hamilton ST.			
		PA.	Zip Code	Bank statement check fee		
To Whom Paid		BBOT BANK		Date [MM/DD/YYYY]	\$	24.96
House #	Street Address		12/15/2017			
City	State		7th + Hamilton ST.			
		PA.	Zip Code	NEW CHECK FEES/COST		
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address					
City	State					
			Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address					
City	State					
			Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address					
City	State					
			Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address					
City	State					
			Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address					
City	State					
			Zip Code			