

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | |
|---|---|-------------------------|---|------------------------|
| Filer Identification Number: <input type="checkbox"/> | Report Filed By: <input type="checkbox"/> | CANDIDATE ^{1.} | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BOB DOWCHEZ | | | | |
| Street Address: 377 DEVONSHIRE DRIVE | | | | |
| City: BETHLEHEM | | State: PA | Zip Code: 18017 - | |

| | | | | |
|---|---|---------------------------------------|--|---|
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY ^{1.} | 2ND FRIDAY PRE-PRIMARY ^{2.} | 30 DAY POST PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION ^{4.} | 2ND FRIDAY PRE-ELECTION ^{5.} | 30 DAY POST ELECTION ^{6.} | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | ANNUAL REPORT <input checked="" type="checkbox"/> | YEAR 2013 | FILING METHOD () CHECK ONE <input type="checkbox"/> | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> |

| | | | | | |
|--|-------------------|--------------------------|-------------|-------------|-------------|
| Name of Office Sought by Candidate: Mayor of Bethlehem | DATE OF ELECTION | District Number | Office Code | Party Code | County Code |
| | MO. DAY YEAR | | | | |
| | 11 05 2013 | City of Bethlehem | OTH | DEMO | 48 |

| | | | | |
|--|--|---------------|-----------------------|---------------------|
| Summary of Receipts and Expenditures from: | MO. DAY YEAR | To | MO. DAY YEAR | FOR OFFICE USE ONLY |
| | 11 26 2013 | | 12 31 2013 | |
| | A. Amount Brought Forward From Last Report | | \$ 72,966.01 - | |
| | B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ 250.00 - | |
| | C. Total Funds Available (Sum of Lines A and B) | | \$ 73,216.01 - | |
| | D. Total Expenditures (From Schedule III) | | \$ 1,657.70 - | |
| | E. Ending Cash Balance (Subtract Line D from Line C) | | \$ 71,558.31 - | |
| | F. Value of In-Kind Contributions Received (From Schedule II) | | \$ -0- | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ -0- | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, and complete.

[Redacted Signature Area]

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

[Redacted Signature Area]

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal

Lisa Ann Pereira, Notary Public
City of Bethlehem, Northampton County
My Commission Expires Sept. 13, 2019

Department of State • Bureau of Commissions, Elections and Legislation
Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate FRIENDS OF BOB DONCHEZ | Reporting Period From <u>11/20/13</u> To <u>12/31/13</u> |
|--|---|

| | | |
|---|--------------------------------|-------------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
| | TOTAL for the Reporting Period | (1) \$ <u>-0-</u> |

| | | |
|--|--------------------------------|-----------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | |
| Contributions Received from Political Committees (Part A) | | \$ <u>-0-</u> |
| All Other Contributions (Part B) | | \$ <u>250.00-</u> |
| | TOTAL for the Reporting Period | (2) \$ <u>250.00-</u> |

| | | |
|--|--------------------------------|-------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | |
| Contributions Received from Political Committees (Part C) | | \$ <u>-0-</u> |
| All Other Contributions (Part D) | | \$ <u>-0-</u> |
| | TOTAL for the Reporting Period | (3) \$ <u>-0-</u> |

| | | |
|--|--------------------------------|-------------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
| | TOTAL for the Reporting Period | (4) \$ <u>-0-</u> |

| | |
|--|---------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | \$ <u>-0-</u> |
|--|---------------|

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

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

| | |
|--|---|
| Name of Filing Committee or Candidate FRIENDS OF BOB DONCHEZ | Reporting Period From 11/26/13 To 12/31/13 |
|--|---|

| | | | | DATE | | | AMOUNT |
|---|--|---------------------|-------------------------------------|------|-----|------|------------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributor Anthony Iannelli | | | | 12 | 05 | 2013 | \$ 250.00- |
| Mailing Address 5345 PRINCETON AVE | | | | MO. | DAY | YEAR | \$ |
| City MACUNGIE | | State PA. | Zip Code (Plus 4) 18062 - | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |

PAGE TOTAL
\$ 250.00-

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate FRIENDS OF BOB DOUCHEZ | Reporting Period From 11/26/13 To 12/31/13 |
|--|---|

| | | | | |
|---|--------------------|---|-------------------|----------------------------|
| To Whom Paid Bethlehem Catholic High School | MO. 12 | DAY 05 | YEAR 13 | Amount \$ 80.00- |
| Mailing Address 2133 Madison Ave | | Description of Expenditure AD IN Basketball Program | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017- | | |

| | | | | |
|---|--------------------|--|------|----------------------------|
| To Whom Paid Bethlehem Democratic Committee | MO. | DAY | YEAR | Amount \$ 250.00 |
| Mailing Address Bethlehem | | Description of Expenditure Sponsorship | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015- | | |

| | | | | |
|---|--------------------|--|-------------------|-----------------------------|
| To Whom Paid FRIENDS OF LAMONTH McCLURE | MO. 12 | DAY 15 | YEAR 13 | Amount \$ 250.00- |
| Mailing Address | | Description of Expenditure Sponsorship | | |
| City | State PA | Zip Code (Plus 4) - | | Contribution |

| | | | | |
|---|--------------------|---|-------------------|----------------------------|
| To Whom Paid Pawlowski For Governor | MO. 12 | DAY 15 | YEAR 13 | Amount \$ 500.00 |
| Mailing Address | | Description of Expenditure Contribution TO Campaign | | |
| City Allentown | State PA | Zip Code (Plus 4) - | | |

| | | | | |
|--------------------------------|--------------------|---|-------------------|-----------------------------|
| To Whom Paid CE Roth | MO. 12 | DAY 20 | YEAR 13 | Amount \$ 577.00- |
| Mailing Address | | Description of Expenditure Expense For Formal WARE/TUX Purchase | | |
| City Allentown | State PA | Zip Code (Plus 4) - | | |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,657.00-

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 |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ROBERT J. DONCHEZ | | | | | |
| STREET ADDRESS 377 DEUONSHIRE DRIVE | | | | | |
| CITY Bethlehem | | STATE PA | ZIP CODE 18017 | | |
| TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT | NAME OF OFFICE SOUGHT BY CANDIDATE MAYOR OF BETHLEHEM | | DISTRICT NO. CITY OF BETHLEHEM | PARTY DEMOCRATIC | DATE OF ELECTION |
| | | | | | MO. DAY YEAR |
| | | | | | MO. DAY YEAR |
| | | | | | MO. DAY YEAR |
| | | | | | MO. DAY YEAR |
| | | | | | MO. DAY YEAR |
| | | | | | MO. DAY YEAR |
| DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 11 26 2013 TO 12 31 2013 | | | FOR OFFICE USE ONLY | | |
| 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'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.

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Lisa Ann Peratra, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires Sept. 13, 2015

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

AREA CODE

DAYTIME TELEPHONE NUMBER