

## CAMPAIGN FINANCE REPORT

<b>Name:</b>		<i>Friends of Basilio A Bonilla Jr</i>		
<b>Address:</b>		<i>428 Grandview Ave</i>		
<b>City, State, Zip:</b>		<i>Bethlehem Pa 18018</i>		
<b>Candidate</b>		<b>Committee</b>		<i>X</i>
<b>Type of Report</b>		<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2017 – 30 DAY POST PRIMARY		05/16/2017	NO	
<b>Termination Report?</b>				
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner Dist #3</i>			<i>Lehigh</i>	
<b>Summary of Receipts &amp; Expenditures</b>				
<b>From:</b>	<i>05/01/2017</i>	<b>To:</b>	<i>06/05/2017</i>	
<b>A. Amount Brought Forward From Last Report</b>				<i>16.00</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>				<i>25.00</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>				<i>41.00</i>
<b>D. Total Expenditures (from Schedule III)</b>				<i>2.25</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>				<i>38.75</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>				<i>0.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>				<i>(-1,238.81)</i>

\*Complete reports including signatures are on file in the Office of Voter Registration.

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	25.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>		\$	25.00

PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
House #						Date [MM/DD/YYYY]	\$ 0
Street Address						Date [MM/DD/YYYY]	\$ 0
City	State				Zip Code	Date [MM/DD/YYYY]	\$ 0

**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:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
						0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0

**PART C**  
**Contributions Received From Political Committees**  
**Over \$250.00**

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code			Date [MM/DD/YYYY]	\$
						0

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
						0
<b>Employer Name</b>				<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>						

**PART E**  
**Other Receipts**

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

<b>Filer Identification Number:</b>	
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<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0
<b>Receipt Description</b>								

SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor	Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0

Description of Contribution			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0

Description of Contribution			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0

Description of Contribution			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0

Description of Contribution			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	0
House #	Street Address	Date [MM/DD/YYYY]	\$ 0
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address		Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>	USPS - Westside				<b>Date [MM/DD/YYYY]</b>	\$ 2.24
<b>House #</b>	2114	<b>Street Address</b>	West Union Boulevard		<b>Description of Expenditure</b>	
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018-2030	USPS - mail finance report
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$ 0
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Basilio A Bonilla Jr				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	1,238.81
428	Grandview Boulevard	05/01/2017					
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Loan to Campaign (Friends of Basilio Bonilla)					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	0
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	0
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	0
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	0
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	0
City		State		Zip Code			
Description of Debt							