

CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT			
Name:	<i>John Donches 4 Commissioner</i>		
Address:	<i>559 Minor St</i>		
City, State, Zip:	<i>Emmaus PA 18049</i>		
Candidate		Committee	<i>X</i>
Type of Report	Election Date	Amended	Termination
2017 – 30 Day Post-Primary	05/16/2017	YES	
Termination Report?			
Office Sought By Candidate	Party	County	
<i>Lehigh County Commissioner Dist #5</i>	<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures			
From:	<i>05/02/2017</i>	To:	<i>06/09/2017</i>
A. Amount Brought Forward From Last Report			<i>642.25</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>8,600.19</i>
C. Total Funds Available (Sum of Lines A & B)			<i>9,242.44</i>
D. Total Expenditures (from Schedule III)			<i>5,065.85</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>4,176.59</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>5,500.00</i>

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>John Donohay Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>95.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>550.00</i>
TOTAL for the Reporting Period (2)	\$ <i>550.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>2,455.19</i>
All Other Contributions (Part D)	\$ <i>5,500.00</i>
TOTAL for the Reporting Period (3)	\$ <i>7,955.19</i>

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

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.)	\$ <i>8,600.19</i>
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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.

Name of Filing Committee or Candidate <i>John Donohoy Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i>
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			DATE			AMOUNT
			MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				

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

PAGE TOTAL
\$ <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 <i>John Donohue 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>John Mondin</i>	5	2	2017	\$ 100.00
Mailing Address <i>1646 Shimerville Rd.</i>	MO.	DAY	YEAR	\$
City <i>Emmans</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18049 -</i>	MO.	DAY	YEAR	\$
<i>Matay's American PIZZA</i>	5	5	2017	\$ 100.00
Mailing Address <i>1303 Broadway (Rear)</i>	MO.	DAY	YEAR	\$
City <i>Bethlehem</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18015 -</i>	MO.	DAY	YEAR	\$
<i>Matay's Famous Cheesesteaks</i>	5	5	2017	\$ 100.00
Mailing Address <i>1305 Broadway</i>	MO.	DAY	YEAR	\$
City <i>Bethlehem</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18015 -</i>	MO.	DAY	YEAR	\$
<i>Lehigh Prosthetics</i>	5	11	2017	\$ 150.00
Mailing Address <i>Peter Cilento, Maryam Sholevar</i>	MO.	DAY	YEAR	\$
<i>1104 S. Cedar Crest Blvd. Ste 100</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18103 -</i>	MO.	DAY	YEAR	\$
<i>Business Solutions</i>	5	15	2017	\$ 100.00
Mailing Address <i>4351 Hillary Drive</i>	MO.	DAY	YEAR	\$
City <i>Emmans</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18049 -</i>	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 550.00

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

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.

Name of Filing Committee or Candidate <i>John Donches & Commissioners</i>	Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Restore PA</i>	<i>5</i>	<i>10</i>	<i>2017</i>	<i>\$ 2,455.19</i>
Mailing Address <i>PO Box 4464</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18105-4464</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 2,455.19

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

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

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

Name of Filing Committee or Candidate John Donches 4 Commissioner	Reporting Period From 5/2/2017 To 6/9/2017
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				DATE			AMOUNT
Full Name of Contributor John Donches				MO.	DAY	YEAR	\$ 3,000.⁰⁰
Mailing Address 559 Minor St				5	4	2017	
City Emmaus		State PA	Zip Code (Plus 4) 18049-	MO.	DAY	YEAR	\$ 2,500.⁰⁰
				5	8	2017	
Employer Name Self				Occupation			
Employer Mailing Address/Principal Place of Business 559 Minor St. Emmaus PA 18049							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL
\$ 5,500.⁰⁰**

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate <i>John Donches 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

PAGE TOTAL
\$ <i>0</i>

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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

Name of Filing Committee or Candidate <i>John Donches 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>John Donchas 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>6/9/2017</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <u>0</u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>John Donches 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate John Donches 4 Commissioner	Reporting Period From 5/2/2017 To 6/9/2017
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To Whom Paid	MO.	DAY	YEAR	Amount
County of Lehigh	5	4	2017	\$ 15.00
Mailing Address 17 S. 7th St	Description of Expenditure Notary			
City Allentown	State PA	Zip Code (Plus 4) 18101-		
FedEx	5	4	2017	\$ 5.52
Mailing Address 942 South Shady Grove Rd.	Description of Expenditure			
City Memphis	State TN	Zip Code (Plus 4) 38120		
Cold Spark	5	8	2017	\$ 4,910.38
Mailing Address 307 Fourth Ave. 14th Fl.	Description of Expenditure Mailers, printing			
City Pittsburgh	State PA	Zip Code (Plus 4) 15222-		
Key Bank	5	8	2017	\$ 50.00
Mailing Address P.O. Box 93885	Description of Expenditure Fedwire Service Charges			
City Cleveland	State OH	Zip Code (Plus 4) 44101-5885		
Cold Spark	5	18	2017	\$ 81.95
Mailing Address 307 Fourth Ave. 14th Fl	Description of Expenditure Autocalls			
City Pittsburgh	State PA	Zip Code (Plus 4) 15222-		
Key Bank	5	31	2017	\$ 3.00
Mailing Address P.O. Box 93885	Description of Expenditure Statement fee			
City Cleveland	State OH	Zip Code (Plus 4) 44101-5885		
				\$

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

PAGE TOTAL
\$ 5,065.85

**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.

Name of Filing Committee or Candidate <i>John Donches 4 Commissioner</i>	Reporting Period From <i>5/2/2017</i> To <i>4/9/2017</i>
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Name of Creditor <i>John Donches</i>				Outstanding Balance of Debt <i>\$ 3,000.00</i>	
Mailing Address <i>559 Minor St</i>	DATE DEBT INCURRED	MO. <i>5</i>	DAY <i>4</i>	YEAR <i>2017</i>	
City <i>Emmaus</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18049-</i>			
Description of Debt <i>Loan to PAC</i>					

Name of Creditor <i>John Donches</i>				Outstanding Balance of Debt <i>\$ 2,500.00</i>	
Mailing Address <i>559 Minor St</i>	DATE DEBT INCURRED	MO. <i>5</i>	DAY <i>8</i>	YEAR <i>2017</i>	
City <i>Emmaus</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18049-</i>			
Description of Debt <i>Loan to PAC</i>					

Name of Creditor				Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt <i>\$</i>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) <i>-</i>			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <i>\$ 5,500.00</i>
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