CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Name: John Donches for Commissioner Address: 559 Minor St City, State, Zip: Emmaus PA 18049 Candidate Committee \overline{X} **Type of Report** Election Date Termination Amended 2017 – 2nd Friday Pre-Primary 05/16/2017 **Termination Report?** Office Sought By Candidate **Party** County Lehigh County Commissioner Dist #5 R Lehigh Summary of Receipts & Expenditures From: 02/14/2017 05/01/2017 To: A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions & Receipts (from Schedule I) 610.00 C. Total Funds Available (Sum of Lines A & B) 610.00 D. Total Expenditures (from Schedule III) 0.00 E. Ending Cash Balance (Subtract Line D from Line C) 610.00 F. Value of In-Kind Contributions Received (from Schedule II) 0.00 G. Unpaid Debts & Obligations (from Schedule IV) 0.00

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

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

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Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	riod	
John Donches 4 Commissioner		4/2017 TO 5/1/2	1017
00 111 7 2 3 1 20 3 1 4 1 7 1 7 1 7 1	, ·		
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	TRIBUTOR	
TOTAL for the Reporting Period	d (1)	\$ 210.99	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	-B)		
Contributions Received from Political Committees (Part A)		\$ 0	
All Other Contributions (Part B)		\$ 400	
TOTAL for the Reporting Period	d (2)	\$ 400.00	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		 s 0	
All Other Contributions (Part D)		s 0	
TOTAL for the Reporting Period	d (3)	\$ 0	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ET(C. (FROM PART E)	
TOTAL for the Reporting Period	d (4)	\$ 0	To the control of
		<u></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		\$ 610.00	

Cover Page, Item B.)

PART A

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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	Reporting Period					
John Donches 4 Com		From _	<u> </u>	DIT TO 5/1/2017		
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Address			MO.	DAY	YEAR	\$
					1550	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		······································	MO.	DAY	YEAR	
City						\$
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	4
			uio.	DAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- 410	549	Lisve News	*
		_	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	
Mailing Address						\$
moning Addicas			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				† \$
Full Name of Contributing Committee			MO.	DAY	YEAR	e
Mailing Address	· · · · · · · · · · · · · · · · · · ·		100	6416	1/2/2	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
Full Name of Contributing Committee		_				\$
. or tome or contributing committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	7:- 0-1-101				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	Ψ
					, can	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	100	4
		_	mo.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	
Mailing Address			1 1			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Enter Grand Total of Part A on	Schedule 1	Datailed Summer		C		PAGE TOTAL
The second secon	Concession I,	neralisa Samust.	y rage,	Sectio	n 2.	\$
SEB-502 (7-99)						

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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			P	Reporting		
John Donches 4 Commiss	Shoic	, (From _	3/14/3	217 To 5/1/2017
Full Name of Contributor				DATE		AMOUNT
Richard Broom			MO. 4	J BAY	YEAR	\$100.00
1333 W Minor St.		Miles in the second sec	MO.	DAY	YEAR	\$
Emmans	Siete	Zip Code (Plus 4) 8049 -	MO.	DAY	YEAR	
Full Name of Contributor	لننظ	10-11	MO.	DAY	YEAR	\$
Canal landa-ela ca		<u> </u>	4	13	2017	\$ 100.00
PO BOX 346			MO.	DAY	YEAR	\$
Emmans	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Charles J. Rhoads			MO.	DAY	YEAR	
Mailing Address			4 MO.	18 DAY	2017	
4652 Shuler St.			MU.	DAY	YEAR	\$
Allentown	State	Zip Code (Plus 4) \$103-	Mo.	DAY	YEAR	\$
Full Name of Contributor	1,	10.00	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			40			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR .	
Full Name of Contributor	<u></u>		MO.	DAY	YEAR	\$
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	nay	YEAR	\$
Mailing Address					TEAN	\$
•		•	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Enter Grand Total of Part B on Sahad		· · · · · · · · · · · · · · · ·	-	<u></u>		PAGE TOTAL
Enter Grand Total of Part B on Sched	ule I,	Detailed Summary	/ Page, S	Section	ı 2 .	\$ 400.00

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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.

John Donales 4 Candidate	mmission	ne c		reporting From _	2/14/.	2017 to 5/1/2019
-				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			<u> </u>			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	<u> </u>
<u> </u>			I WO.		IEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			7.2.310	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	4
					1	\$
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	4
City						\$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address					, <u></u>	\$
norming Addition			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	Vexe	Ψ
		-		yn (YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Ψ
•					ICMN	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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Enter Grand Total of Part C on	ocnequie i,	Detailed Summary	/ Page, S	Section	3,	\$
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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 Commiss	Siona	r		From _	2/14/2	2017 To 5/1/2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Employer Name	<u> </u>		Occupati	ion		
Employer Mailing Address/Principal Place of Business			1			
					ستسسه	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	
City	1	Ti Code (Stice A)		74.0	1	ð.
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	ion		1 3
Employer Mailing Address/Principal Place of Business				~		
Employer Mailing Address/Principal Flace of dusiliess						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						
	-					
Full Name of Contributor			MO.	DAY	YEAR	s
Mailing Address		A	MO.	DAY	YEAR	
	-					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		_	Occupatio	<u>'</u>		1 3
			Quun.	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	nay	VEAR"	
		<u></u>	- Pro.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		_	Occupatio			\$
			0000	חנ		
Employer Mailing Address/Principal Place of Business		-	-!			
Enter Grand Total of Part D on Sched	Jule I,	Detailed Summar	v Page,	Sectio	л 3.	PAGE TOTAL

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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.

John Donches 4 Commissioner					From 2 14 2017 To 5 1 2017			
uli Name								
Mailing Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
Oity			NO.	UA.	TEAN	\$		
Receipt Description			<u> </u>					
Full Name								
Mailing Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$		
Receipt Description								
Full Name					-			
Mailing Address								
Mignistry Andrews				·				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$		
Receipt Description						<u> </u>		
Full Name								
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		*			<u></u>			
Full Name	<u> </u>							
Mailing Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount &		
Receipt Description		-			<u> </u>	\$		
	<u> </u>				·			
						PAGE TOTAL		
Enter Grand Total of Par	rt E on Schedule I,	Detailed Summar	y Page, S	Section	n 4.	s <i>(</i>)		

SCHEDULE II

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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

eporting Per	iod
	14/2017 To 5/1/2017
0.00 OR L	ESS PER CONTRIBUTOR
(1)	\$
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OU TRUN	IPARI F)
(2)	\$
PART G	
(3)	\$
	\$ ()
	(1) 0.00 (FROM (2)

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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	Reporting Period					
John Donches 4 Commis	sione	(From	414/7	117 To 5 1 2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	_
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					*	
Full Name of Contributor			MO.	DAY	YEAR	•
Mailing Address						\$
Marining Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	11				4	
Full Name of Contributor			Mo.	DAY	YEAR	_
						\$
Mailing Address	2 300		MO.	DAY	YEAR	\$
City	State	Zip Code (Pfus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	· {				1	
Full Name of Contributor			Mo.	DAY	YEAR	*
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor			MO.	DAY	YEAR	6
Mailing Address						\$
MENTING Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:	4				1	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
						PAGE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	dule II	, In-Kind Contribut	tions De	tailed		\$
Jummary Laye, Jection 4.						· ·

IN-KIND CONTRIBUTIONS RECEIVED

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VALUE OVER \$250.00

Ivame of Filing Committee or Candidate		Reporting Period				
John Donches 4 Comm	N5510	syer		From _	<u>भागा</u>	10 5 1 2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY		\$
Mailing Address			MO	DAY	YEAR	
				+	15/	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	<u></u>		•
1			0000	'OU		
Employer Mailing Address/Principal Place of Business			Descript	otion of Con	ntribution	
						- · - <u></u>
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	VEAR !	1
			Pro.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor	\perp		7.7.7.0/			1 \$
Employer of Contilibutor		-	Occupati	,on	<u> </u>	
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	atribution	
1	-		-	On w.	II Ibus	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
Mailing Address	•		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	1 240	1	3
		ZIP COUG 1: 122	Ino.	DAY	YEAR	\$
Employer of Contributor	<u></u>		Occupation	ion		
Address Principal Black of Business						
Employer Mailing Address/Principal Place of Business	 -		Description	ion of Cont	tribution	
Full Name of Contributor						
			MÓ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City					1.4.	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupatio	لـــــا		***************************************
			000	ın.		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Cant	itribution	
Full Name of Contributor			MO.	DAY	YEAR	i _
Mailing Address					<u> </u>	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor						\$
			Occupation	'n		
Employer Mailing Address/Principal Place of Business			Description of Contribution			
				n or ee	ibution	
			<u> </u>			PAGE TOTAL
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Summary Page, Section 3.

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SCHEDULE III

STATEMENT OF EXPENDITURES

			1.		hi			
Name of Filing Committee or Candidate	Reporting Period From <u>2/14/2017</u> To <u>5/1/2017</u>							
John Donches 4 Commissi		From	11417	011 TO 7/1/201/				
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description	on of Expe	nditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount		
Mailing Address			Descripti	on of Expe	nditure	\$		
City	State	Zip Code (Plus 4)			· · · · · · · · · · · · · · · · · · ·			
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descripti	on of Expe	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descripti	on of Expe	enditure			
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)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid			MO.	DÁY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditura			
City	State	Zip Code (Plus 4)						
Enter Grand Total of Expenditures on	Page 1.	Report Cover F	Page, It	em D.		PAGE TOTAL \$		

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Reporting Period

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

John Donches 4 Commissioner			From _	2/4/20	17 To 5/1/2017
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		1			
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED				
, , , , , , , , , , , , , , , , , , ,		State	Zip Code	(Plus 4) -	
Description of Debt					
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED			1 6/431	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor			·		Outstanding Balance of Debt
Mailing Address				•	\$
morning Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	INCORRED	State	Zip Code	(Plus 4)	
Description of Debt				•	
Name of Creditor					
					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address		T-1			\$
	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			
Enter Grand Total of theseld Dates and a					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, F	report Cover	Page, It	em G.		\$