CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee John C. Donches Name: Address: 559 Minor St Emmaus PA 18049 City, State, Zip: X Committee Candidate Amended Type of Report **Election Date** Termination 2017 – 30 Day Post - Primary 05/16/2017 **Termination Report?** County Office Sought By Candidate Party Lehigh County Commissioner Dist #5 R Lehigh Summary of Receipts & Expenditures From: 05/02/2017 To: 06/05/2017 A. Amount Brought Forward From Last Report (-1,635.75)B. Total Monetary Contributions & Receipts (from Schedule I) 0.00 C. Total Funds Available (Sum of Lines A & B) 0.00 D. Total Expenditures (from Schedule III) 3,000.00 (-4,635.75)E. Ending Cash Balance (Subtract Line D from Line C) 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

PAGE 2 OF

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Per	rind	
John (Done	ches	From <u>5/</u>	2/17	то 4/9/17
		<u> </u>		
E UNITEDITED SONTHEURONS AN	D RECEIPTS - \$50.00 OR LES	S PER CON		di j
	TOTAL for the Reporting Period	od (1)	\$	0
2. CONTRIBUTIONS \$80.01 TO \$250.	The second secon			
Contributions Received from Political (Committees (Part A)		\$	D
All Other Contributions (Part B)		·	\$	Ð
	TOTAL for the Reporting Period	od (2)	\$	0
			<u></u>	
3- CONTENBUTIONS OVER \$250,00 F	FROM PART C AND PART D)			
Contributions Received from Political (22 27 ptm-Solvanen	\$	0
All Other Contributions (Part D)			\$	0
	TOTAL for the Reporting Period	od (3)	\$	0
Caramar Resident arounds in	TERRES ELIBNES RETURNES E	A GOODER		MICKET STATE
	TOTAL for the Reporting Period	d (4)	\$	0
TOTAL MONETARY CONTRIBUTIONS THIS REPORTING PERIOD (Add and en Boxes 1, 2, 3 and 4; also enter this Cover Page, Item B)	nter amount totals from		\$	0

PART A

PAGE 3_0F 12_

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.

Full Name of Contributing Committee Mailing Address	DATE SEDAY SYFAR	AMOUNT
	第219年第237 2 年 第235年	
Mailing Address		\$
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MOTO DAY AVEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	SECTION EXPLANATION OF THE PROPERTY OF THE PRO	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MOJE ZDAYA LYFAR	
Full Name of Contributing Committee	MOA EMPAYER WEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	e
Full Name of Contributing Committee	ELIOTE CONTENTS	.
Mailing Address	MO YEAR	\$
City State Zip Code (Plus 4)	MO: DAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
		\$ PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summar	ry Page, Section 2.	\$ O

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.)

John C. Donches	Fron	n 5/2//	7_ TOCOP4/17_
	DA	TE	AMOUNT
Full Name of Contributor	. 2	YEAR	\$
Mailing Address MO	0/	YEAR	
City State Zip Code (Plus 4) MO	. D <i>y</i>	YEAR	
Full Name of Contributor		Y AYEAR	
Mailing Address		YEAR	
City State Zip Code (Plus 4) MO	D/	Y YEAR	
Full Name of Contributor	. DA	Y YEAR	3300
Mailing Address	. DA	Y YEAR	\$
City State Zip Code (Plus 4) MO.			•
_			\$
Full Name of Contributor	DA	Y YEAR	\$
Mailing Address MO.	DA	Y YEAR	s
City State Zip Code (Plus 4) MO:	DA	YEAR	\$
Full Name of Contributor	DA	Y YEAR	
Mailing Address MO.	DA	YEAR	
City State Zip Code (Plus 4) MO.			\$
	DA	Y YEAR	\$
Full Name of Contributor Mailing Address	DA	Y	\$
The state of the s	DA	YEAR	\$
City State Zip Code (Plus 4) MO.	DA	YEAR	\$
Full Name of Contributor Mo.	DAY	YEAR	
Mailing Address MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) MQ.			\$
Full Name of Contributor	DAY	YEAR	\$
	DAY	YEAR	\$
Mailing Address MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) MG:	DAY	YEAR	
	<u> </u>		\$ PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary Page,	Secti	on 2.	\$ 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.

Who Conches				From *	(7,2//	7_ 106/9/17
Will Concare			<u></u>	DATE	1011	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City [S	State	7: 0-1-01				\$
3	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	***
City	5					\$
S	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City IS						\$
S	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			100			\$
			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
Full Name of Contributing Committee			MO:	DAY		\$
Mailing Address					YEAR	\$
world acceptance of the control of t			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee				William VIII Wall		\$
Mailing Address			MO.	**************************************	YEAR	\$
maining Address			MO.	DAY	YEAR	\$
Str	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee		_				\$
Mailing Address			MO.	DAY	YEAR	\$
would violess			Mo.	DAY	YEAR	\$
Sity	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Enter Grand Total of Part C on Sabadula		Detailed O				PAGE TOTAL
Enter Grand Total of Part C on Schedule	e I, I	Detailed Summary	Page,	Section	1 3.	\$ (

PART D ALL OTHER CONTRIBUTIONS

PAGE ______ OF _______

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.)

Reporting Period Name of Filing Committee or Candidate To 6/9/ From. DATE **AMOUNT** Full Name of Contributor MO DAY YEAR \$ Mailing Address \$ 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 DAY MO. YEAR \$ City 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) DAY MO. YEAR Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor DAY YEAR Mailing Address MO. DAY YEAR City State Zip Code (Plus 4) MO. DAY \$ **Employer Name** Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. DAY YEAR City Zip Code (Plus 4) MO. DAY 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

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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.

Name of Filing Committee or Ci	andidate /		Reporting	Period	(10.11/2
John CL	onches		From	5/4/1	TO 6/9/17
ull Name					
lailing Address					
City	State	Zip Code (Plus 4)	MO: DAY	YEAR	\$
Receipt Description		,	<u> </u>		
Full Name					
Mailing Address					
				oranio de la cilia	- A A A A A A A A
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description			1		
Full Name					
Mailing Address					
	· · · · · · · · · · · · · · · · · · ·			* ****	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description				1	
Full Name					
Mailing Address					
					I A
City	State	Zip Code (Plus 4)	MG. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
					Amount
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
0	Jan-			e estopologica	I KENEUS.
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description				_1	
					IDAGE TOTAL
					PAGE TOTAL
Enter Grand Total of Par	rt E on Schedule I,	Detailed Summar	y Page, Section	on 4.	\$ <i>O</i>

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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

Name of Filing Committee or Candidate Reporting Per From 5/c	iod 2/17
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR I	
TOTAL for the Reporting Period (1) 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	
TOTAL for the Reporting Period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	S
TOTAL TOT the Reporting Feriod (3)	•
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.)	s

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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 Son Ches			B.	orting Period		то Се/9/17
Full Name of Contributor				DAY YEA	?-)@@	AMOUNT
					* \$	
Mailing Address			Mo.	DAY	9 \$	1
City	State	Zip Code (Plus 4)	MO.	DAY YEA	\$	
Description of Contribution:	-t			· L		W-A
Full Name of Contributor			Me	DAY YEA	A \$	
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY YEA		
Cinc	1 64-4-	1 7: 0 ((n) (n)				
City	State	Zip Code (Plus 4) —	MO.	DAY YEA	\$	·
Description of Contribution:						
Full Name of Contributor			MO.	DAY YEA	\$	
Mailing Address			MOSE	DAY YEA	\$	
City	State	Zip Code (Plus 4)	MO.	DAY YEA	B \$	
Description of Contribution:	<u> </u>		<u></u>			
Full Name of Contributor				······································	2.6000	
				DAY	\$	
Mailing Address			MO	DAY YEA	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY YEA	\$	
Description of Contribution:	<u> </u>					
Full Name of Contributor			MO.	DAY YEA	8 \$	
Mailing Address			Мо	DAY YEA		
City	State	Zip Code (Plus 4)	MO.	DAY YEA		
Description of Contribution:	<u></u>					***************************************
Full Name of Contributor			Second Second Second			
				AY YEA	\$	
Mailing Address			MO	DAY. YEA	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	\$	
Description of Contribution:	•		<u> </u>			
					PAG	E TOTAL
Enter Grand Total of Part F on School Summary Page, Section 2.	lule li	, In-Kind Contribut	ions Detai	iled	\$	0
					<u> </u>	

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Find Committee or Candidate				From S	7 <i>2//</i> 2	то6/9/17	
V) III C DOICHES							
Full Name of Contributor			MQ.	DATE	YEAR	AMOUNT	
Full Maine of Contributor					125.21	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion			
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	Me	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion		N	
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	PASY	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupation				
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion	•		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			MOL	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MONE	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion			
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Francisco Constitution of the Constitution of						PAGE TOTAL	
Enter Grand Total of Part G on School Summary Page, Section 3.	Jule	, In-Kind Contribu	tions D	etailed		s 🖰	

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			F	Reporting	Period	~ /10118
Who Clonches	<i>,</i>			From _)/W/	To Q/9///
					<u> </u>	
John Donches 4 Comm 15510/	ner		мо. 3	BAY イ	YEAR 2017	Amount \$5000
359 Muros 57			Descripti	ion of Exp	endiffice	John Dordres Konim.
Emmaus	State	Zip Code (Plus 4) /8049		1-1-1		
To Whom Paid	Herian		NO.	DAY	YEAR	Amount
Mailing Address			Passint	/ Evn		\$
maning address		ļ	Descript.	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Exp	enditure	1.3
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount
Mailing Address			Descripti	ion 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	on of Expe	enditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid			-27	TALV.		1 : : : : : : : : : : : : : : : : :
	·	İ	MD.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	y.
City	State	Zip Code (Plus 4)			<u> </u>	
To Whom Paid	<u> </u>		MO.	DAY	YE AR	Amount
Mailing Address			Description	on of Expe	inditure	\$
City	State	Zip Code (Plus 4)				
Enter Grand Total of Expenditures on Pag	3e 1, F	Report Cover Pa	ige, Ite	m D.		\$ 3000, OV

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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			Reporting	Period	10/10
John C Donches			From \(\)	3/2/	17 TO 49/17
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MQ.	DAY	YEAR	1.\$
City	DEBT INCURRED				
·		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Deb \$
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	. •
City	INCURRED	State	Zip Code	(Blue 4)	
		State	Zip Code	- (Fius 4)	
Description of Debt					
Name of Creditor					
					Outstanding Balance of Debi
Mailing Address	DATE DEBT	MO.	DAY	YEAR	·
City	INCURRED	State	Zip Code	(Plue A)	Andrew Andrews (Andrews Andrews Andrew
		0.0.0	21p code	1F105 4/	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	4000
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			_		
Description of 2000					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	I DATE	The second secon			\$
	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED	190.	DA	TEAN	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			
Enter Grand Total of Unnoid Dates as 5		_			PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1,	Report Cover	Page, it	em G.		\$