	CA	MPAIGN F	INANCE REP	ORT		
Name: Friends of Basilio A Bonilla Jr				Jr		
Address:		428 Grand				
City, State, Z	Zip:	Bethlehem	Pa 18018			
Candidate			Committee			X
Type of Repo	ort		Election Date	Amend	led	Termination
2017 – 30 DA	AY POST PRIM	ARY	05/16/2017	NO		
Termination	Report?				·	
Office Sough	t By Candidate	;	Party	County	,	
Lehigh Coun	ty Commissione	r Dist #3		Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	05/01/2017		To:	06/05/2	017	
A. Amount B	rought Forwar	d From Las	t Report		16.00	7
			- · · · - · k · · - ·			
B. Total Mon	etary Contribu	tions & Rec	eipts (from Sche	dule I)	25.00)
C. Total Funds Available (Sum of Lines A & B)				41.00)	
D. Total Expenditures (from Schedule III)			2.25			
E. Ending Cash Balance (Subtract Line D from Line C)				38.75	Ī	
F. Value of In-Kind Contributions Received (from Schedule II)			lule II)	0.00		
G. Unpaid De	ebts & Obligation	ons (from So	chedule IV)		(-1,23	38.81)

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

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Eller Identitication Number		
THE IDENCIFICATION NAMED CO.		
Filer Identification Number		

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

The last and last	442				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	0
City	1. june 5	State	Zip Code	Date [MM/DD/YYYY] S	0
Full Name of Co Committee				Date [MM/DD/YYYY]	0
House #	Street Address			Date [MM/DD/YYYY]	0
City		State	Zip Code		0
Full Name of Co Committee	ntributing				0
House #	Street Address			Date [MM/DD/YYY]	0
City		State	Zip Code		0
Full Name of Co Committee					0
House #	Street Address				S O
City		State	Zip Code		\$ 0
Full Name of Co Committee	ontributing				0
House #	Street Address				0
City		State	Zip Code		o
Full Name of Co Committee				Date [MM/DD/YYYY]	0
House #	Street Address				\$ 0
City		State	Zip Code		\$ 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.)

Fler identification Number

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			·	
			Mind at a 13 Billian Anna Cara	
Full Name of Contributor			PETE (AM/OD/AWA)	0
House # / Str	eet Addiress		Date (MM/DD/YYYY)	0
City	State	Zip Code	Date (MM/Db/Anner)	0
Full Name of Contributor			Date (MM/DD/AYAA)	0
House # Str	eet Address			0
City.	State .	Zip Code		0
Full Name of Contributor			- 10 mg/mm	0
House# Str	reet Address			0
et .	State	Zip Code	Date (MM/DD/YYYY)	\$ 0
Full Name of Contributor				\$ Two O
House # Str	reet Address			\$ U
Cty	State	Zip Code	Dave (MIM/DD/AYYY)	0
Full Name of Contributor	Processor of Committees			5 0
House # St	reet Address		Date (MM/DD/YYYY)	0
City and a second	State	Zip Code		\$ 0
Full Name of Contributor				. \$
House #	rreet Address		Date (MM/DD/YYY)	0
City	State	Zip Code	Date (MM/DD/YYYY)	o

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Number:

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

Full Name of Contributing Committee		DATE MM/DD/AVAN	o
Flouse # Street Address		Date [MIN/DD/YYY] S	0
City	Zip Code	Date [MM/DD/YYYY] \$	0
Pull Name of Contributing Committee		Date [MIM/DD/A2474] S	0
House # Street Address		Date [MM/DD/YYYY] \$	0
City State	Zip Code	Date MM/DD/***/	0
Full Name of Contributing Committee		(Date [MM/DD/YYYY] \$	0
House # Street Address		Date [MM/DD//4///] \$	o
Gity State	Zip Code	Date (MM/DD/YYY) \$	0
Full Name of Contributing Committee		Date (MM/DD/AAA) S	0
House # : Street Address		Date [MM//bl//////] S	0
Cty State	Zip Code	Date [MM/DD/YYYY] S	0
Full Name of Contributing Committee		Date [MM/DD/***Y] \$	0
House # Street Address		Date [MM/DD/YYY] & S	0
City	Zip Code	Date [MM/DD/AAM] S	0
Full Name of Contributing Committee		Date (MM/DD/YYY) S	О
House # Street Address		Date (MM/DD/YYY) S	0
City State	Zip Code	Date [MM/DD/YYY] \$	o

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)

Filer identification Number:

15 15 15 15 15 15 15 15 15 15 15 15 15 1		<u> </u>		
Full Name of Contributor			Date [MM/DD/YYY] \$	
Maria special from the control of th	<u></u>			0
House # Street Address			Date (MM/DD/YYXV) 3	0
Giy.	State	Zip Code	Date MIM/DD/AYYY \$.	0
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/A666] S.	0
House # Street Address			Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/XYXY] \$	0
Employer Name			Occupation:	
Employer Mailing Address / Principal Place of Business				
full Name or contributor			/Date (MM/(DD/AMA)) \$	0
House # Street Address			Date (MM/pD/MYV) \$	o
CIV.	State	Zip Code	Date (MM/DD/XYYY) \$	0
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	0
House # Street Address			Date (MM/DD/YYY) \$	0
Sity 1	State Print nurshm	Zip Code	Date (MM/DD/YYYY), S	0
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

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.

Election distribution numbers					
Dr					
Full Name					
	eet Audress				
City		State	Zíp Code	Date [MM/DD/YYY]	o
Receipt Description				-	
Full Name		<u> </u>			· · · · · · · · · · · · · · · · · · ·
House # Str	eet Address				
City		State	Zip Code	Date [MM/DD/YYY]	0
Receipt Description					
Full Name 1					
House # State	et Address				
City		State	Zip Code	Date [MM/DD/YYYY]	0
Receipt Description			enonmanum samo.		
Füll Name		· · · · · · · · · · · · · · · · · · ·			
House # Stre	eet Address		1.44		
City and the second second		State	Zip. Code	Date (MM/DD/YYYY)	0
Receipt Description			<u> </u>		
Full Name					
House # Stre	ere Addiress				
City		State	Zip Code	Date (MM/DD/YYYY)	0
Receipt Description				I	
Full Name 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					· · · · · · · · · · · · · · · · · · ·
	et Address				
City Common City		State	Zip Code	Date (MM/DD/YYYY)	0
Receipt Description				I	***

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED		OR LESS PER CONTRIBUTION
TOTAL for the reporting period (1)	\$	0
2, IN-KIND CONTRIBUTIONS RECEIVED VALUE OF S	0.01 TO \$250.00 (FI	
TOTAL for the reporting period (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER	\$250.00 (FROM PAR	RTG)
TOTAL for the reporting period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS R PERIOD (Add and enter amount totals from boxes 1, 2, and		
on Page 1, Report Cover Page, Item F)	,	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbers

Full Name of Contri Hardware (1997)					\$
House #	Street Address		Good Announce of Handa and Announce of Handa	Date [MM/DD/MM*]	5 0
City Description of Cont.	Jhoto- Saba	State	Zip Code	Date [MM/DD/YYYY]	§ • 0
Description of College	AMERICAN PROPERTY.		_		
Full Name of Contri				Date [MM/OD/YYYY]	\$:: 0
House #	Street Address				S 0
City :: Description of Cont	ilusios »	State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Zip Code	Date (MM/OD)AAAA	0
Full Name of Contri	100				0
House #	Street Address			10.000	S 0
City Control Description of Control	dibition	#State	Zip Code	Date [MM/DD/YYYY]	o
Full Name of Contril				Date IMM/DD/MAGA	o
House #	Street Address				0
City Description of Contr	lburion	State	Zip Code	Date [Mi/J/DD/YXXY]	0
Mark Control	P. Printer.				
				Date: (MM/DD/XXX)	0
House #	Street Address	## * * * * * * *			o
City Description of Contr	lbution .	State	Zip Code	Date (MM/DD/YYYY)	0

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification humber:		

Full Name of Contributor		Date IMM/DD/XYYYI 199.
House # Street Address		Date (MM/DD/YYYY) \$ 0
Clty	State Zip Code	Date (IMM/DD/XXXX) \$ 0
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of 's Contribution'
Full Name of Contributor		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
House # Street Address		Date [MM/DD/YYYY] 5 0
CIV.	State Zip Code	Date [MM/DD/MM1] 0
Employer Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Pate [MIM/DD/AYYYI] 5 0
House # Street Address		Date [MIN/DD/YYYY] 5
City and	State Zip Code	Date [MM/pp/mm]
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (MM/DD/\\\\)
House # Street Address		Date (MM/DD/YYY) S. 0
	State Zip Code :	Date [MM/DD/YYY] \$
Employer Name		Coupetion
Employer Mailing Address / Principal Place of Business		Description : of Contribution :

Statement of Expenditures

Clarification Number	
Filer Identification Number	

To Whom Paid	USPS - Westside			05/04/2017	2.24
House # 2114	Street Address West Union B	oulevard		Description of Expendit	ure (1997)
City Bethlehem	State -	PA Code	18018-2030	USPS - mail finance repor	t
To Whom Pald				PARTIMINATION AND THE	0
House #	Street Address			Description of Expendit	ure programme pr
O.A.	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure San
C(ty-	State .	Zip +Code			
To Whom Paid				Date (MM/20/4444)	0
House #	Street Address			Description of Expendit	ure
City	State	Zip Code			
To Whom Pald				Pate (VIV/DD/AAAA)	\$ 0
House #	Street Address			Description of Expendit	ure property of the same of th
Gly :	State 1	Zip Codi			
To Whom Paid					\$ 0
House #	Street: Address			Description of Expendit	ure and the second seco
City:	State	Zip Cod			
To Whom Pald				Date (MM/OD)28684	\$
House #	Street Address			Description of Expendit	ure and all the second
City	State -	Zip. Cod	100		
To Whom Paid				Perce(MIN/PD/AAAA)) \$
House #	Street Address			Description of Expendi	Ure and the second
City	State	7.(r) Coc	•		

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.

A STATE OF THE STA		·	
			ા નામકાર માં લોકાલ છે. આ મામ લોકાલ જો છે.
	Basilio A Bonilla Jr	DATE DEBT INCURRED	Committee of Sent
House # Street	Address Grandview Boulevard	MM/DD/YYYI	
SIF.	Grandview Boulevard	05/01/2017	_
100	Bethlehem State	PA	1,238.81
Description of Debt	Loan to Campaign (Friends of Basilio Bonilla)		
Name of Creditor			Outstanding Balance of Debt
House# Street	t Address	DATE DEBT INCURRED	3
ing 186 18 - 24 g all a		COMPACIO/COSTS	
Ely open	State	Zip.	0
Description of Debt	, pages and all the second sec		
Name of Creditor			Outstanding Balance of Debt
	Address	DATE DEST INCURRED	15
This state		[MM/DD/YGW]	
City	State	Zip	0
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Street	at Address	DATE DEBT INCURRED. [MM/DD/YYYY]	S .
City Towns Control Control	State	Zip E	0
Description of Debt	-		
Name of Creditor			Dutstanding Balance of Debt
	et Address	DATE DEBT INCURRED A [MIN/DD/00001]	
City in the second	State	Zig Code	0
Pescription of Debt			
Name of Creditor			Outstanding Balance of Debt
	e': Address	DATE DEBT INCURRED	
300 m			
City/s	State	ZIP	0
Description of Debt			
44			