CAMPAIGN FINANCE REPORT

Name:	John Donches 4 Commissioner						
Address:		559 Minor St					
City, State, Z	ip:	Emmaus P.	A 18049				
Candidate			Committee			X	
Type of Repo	ort	I	Election Date	Amended		Termination	
2017 – 2 nd Fri	day Pre-Primar	-y	05/16/2017	YES			
Termination	Report?						
Office Sought By Candidate			Party	County			
Lehigh Count	ty Commissione	er Dist #5	R	Lehigh			
	Sumi	mary of Re	ceipts & Expend	litures			
From:	02/14/2017	999 (929)	To:	05/01/2017			
A. Amount B	rought Forwa	rd From La	st Report	L	0.00		
B. Total Mon	etary Contrib	utions & Re	ceipts (from Sche	dule I)	660.00		
C. Total Funds Available (Sum of Lines A & B)					660.00		
D. Total Expenditures (from Schedule III)					17.75		
E. Ending Cash Balance (Subtract Line D from Line C)						25	
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.

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
John Donches 4 Commissioner	From 2/14/2017 To 5/1/2017

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PE	R CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 240.00

2 CONTRIBUTIONS \$30.01 TO \$250.00 (FROM PART & AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 400.00

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 CHECK	S, ETC	: (FF	OMP/RES
TOTAL for the Reporting Period	(4)	\$	ð

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.)	00.00 ماماً

PAGE 3 OF 12

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	Reporting Period		
John Donches 4 Commis	From 2/14/20	17 то <u>5/1/2017</u>	
	DATE	AMOUNT	
Full Name of Contributing Committee			\$
Mailing Address	Mailing Address		
		MO. DAY YEAR	\$
City State	e Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City Stat	e Zip Code (Plus 4) -	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	
			\$
Mailing Address		MO. DAY YEAR	\$
City Stat	e Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	¢
	······································		\$
Mailing Address		MO. DAY YEAR	\$
City Stat	e Zip Code (Plus 4) -	MO. DAY YEAR	\$
Full Name of Contributing Committee	A MORE PAYER YEAR	\$	
Mailing Address	······	MO. DAY YEAR	\$
City Stat	e Zip Code (Plus 4) 	MO. DAY YEAR	\$
Full Name of Contributing Committee		HO. DAY MEAN	
			\$
Mailing Address		MO. DAY YEAR	\$
City Stat	e Zip Code (Plus 4) 	NO. DAY YEAR	\$
Full Name of Contributing Committee		MORE ENDAVE EVEL	\$
44 - 11- 2 - 2 - 2	···· ····	MO. DAY YEAR	*
	Mailing Address		
City Stat	e Zip Code (Plus 4) -	NO. DAY YEAR	\$
Full Name of Contributing Committee		\$	
Mailing Address	MO. DAY YEAR	\$	
City Star	e Zip Code (Plus 4) —	NO. DAY YEAR	\$
			PAGE TOTAL
Enter Grand Total of Part A on Schedule	I, Detailed Summ	ary Page, Section 2.	\$ 0

DSEB-502 (7-99)

	11		12
PAGE	4	OF	12

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					eporting		
John Donches 4 Commissioner					From _	2/14/2	017 TO 5/1/2017
					DATE		AMOUNT
Full Name of Contributor Richard Bri	ien			MO. A	DAY 7	JO(7	\$100.00
Mailing Address 1333 W. Mina			··· <u>·</u> ····	MO.	DAY	YEAR	\$
Lity	State	Zip Code		MO.	DAY	YEAR	
Emmaus	PA	18049	_				\$
Full Name of Contributor Carol Landa Mailing Address	n 5)a	29.05		<u>мо.</u> 4	DAY 13	2017	\$100.00
Mailing Address PO Box 34	6	<i>,</i>		MQ.	DAY	YEAR	\$
city Emmaws	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	ITY	12049	_		1		\$
Full Name of Contributor Charles J. R	hoa	dg		<u>мо.</u> 4	18	YEAR 2017	\$ 200.00
Mailing Address 4652 Shule				MO.	DAY	YEAR	\$
city Allentown	State	Zip Code (MO.	DAY	YEAR	
	144	18103					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address		<u> </u>		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			_				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address		·		MO.	DAY	YEAR	\$
City	State	Zip Code (⁵ lus 4)	MQ.	DAY	YEAR	
		-					\$
Full Name of Contributor				MiQ.	DAY	YEAR	\$
Mailing Address				MQ.	DAY	YEAR	\$
City	State	Zip Code (i	lus 4)	MO.	DAY	YEAR	
			-		j		\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (F	lus 4)	MO.	DAY	YEAR	
			-				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Meiling Address				MÓ.	DAY	YEAR	\$
City	State	Zip Code (F	'lus 4)	MO.	DAY	YEAR	•
		-	-				\$
Enter Grand Total of Part B on Sahad	ula I				.		PAGE TOTAL
Enter Grand Total of Part B on Sched	uie I,	Detailed S	ummary	Page,	Section	12.	\$ 400.00

PAGE 5 OF 12

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	Repo	orting P	eriod //n	- rl. 1500		
John Donches 4 C	Fr	om	114/2	017 To 5/1/2017		
			Ľ	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)			WEAD.	₽
City	Jule		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	\$
-	State	Zip Code (Plus 4)		DAY	YEAR	4
City	State	-	MO.	VAL	T SAG	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	-
						\$
City	State	Zip Code (Plus 4)	MQ.	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)	MQ.	DAY	YEAR	
олу 						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
						\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on	Schedule I.	Detailed Summar	y Page, S	ection	n 3.	\$ ()
			,			

DSEB-502 (7-99)

	F	PART D
All	OTHER	CONTRIBUTIONS

PAGE	ما	OF	12

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			R	Reporting	Period	
John Donches 4	Cor	nmissioner		From _	114/	2017 To 5/1/2017
				DATE		AMOUNT
Full Name of Contributor			MQ.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	-
City	State	Zie Code /Diue A)			<u> </u>	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Employer Name			Occupati	on	<u> </u>	
Employer Mailing Address/Principal Place of Business			L			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	Phises		ILON	\$
Employer Name	-		Occupati	on	4	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	1 6	71- 0-2- (0) A)				\$
ut y	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer Name		······································	Occupatio	on	L	l
Employer Mailing Address/Principal Place of Business					•	
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u>L</u>		Occupatio	on		
Employer Mailing Address/Principal Place of Business						
Employer manning Addressift mutpar riace or business						
Full Name of Contributor			NG.	DAY	YEAR	_
Mailing Address						\$
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupatio)n		
Employer Mailing Address/Principal Place of Business		2				
			·			PAGE TOTAL
Enter Grand Total of Part D on Sched	dule I, C	Detailed Summary	Page,	Sectior	1 3.	\$ ()
SEB-502 (7-99)						

page 7_0f_12_

1

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.

lame of Filing Committee or Candi John Don Als 4	· Commission	12r		Reporting From	2/14/2	ю17 то 5/1/2017
ll Name						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
ceipt Description	•					
II Name						
ailing Address						
ty	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
eceipt Description				•	.	
II Name						
lailing Address	<u></u>	• ¹¹ , <u>111</u> 11, 12 , 12 , 11 , 11 , 11 , 11 , 1				
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description		<u> </u>			1	
ili Name					- 	
ailing Address		* <u>************************************</u>				
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
aceipt Description	<u>-</u>			Į	1	
ill Name						
ailing Address		••••••••••••••••••••••••••••••••••••••		· · ·		······································
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
ceipt Description	<u>_</u>			_ _	1	
II Name						
ailing Address						
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description				1	L	
						PAGE TOTAL
nter Grand Total of Part E	on Schedule I, I	Detailed Summar	v Page,	Sectio	n 4.	\$ 0

DSEB-502 (7-99)

.

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE	e Thing	PAGE G OF 12 S RECEIVED
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUT DURING THE REPORTING PERIOD Detailed Summary Page	TIONS OF VA	ALUABLE THINGS
Name of Filing Committee or Candidate John Donches H Commissioner	Reporting Per From <u> </u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF TOTAL for the Reporting Perio		
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2		
TOTAL for the Reporting Perio		\$ ()
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PARTEC	
TOTAL for the Reporting Period	d (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.)		\$ ()

PAGE	OF	12
------	----	----

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Per	iod 14/2017 To 5/1/2017
John Donches 4 (om miggi	oner	From _	то <u>ЭПАОТ</u>
			DATE	AMOUNT
Full Name of Contributor			MO. DAY PY	EAR \$
Mailing Address		<u>- 1889 - 1885 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 1886 - 188</u>	MO. DAY Y	EAR \$
City	State	Zip Code (Plus 4) 	MO. DAY Y	EAR \$
Description of Contribution:				· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			MO. DAY Y	EAR \$
Mailing Address		·	MO. DAY Y	EAR \$
City	State	Zip Code (Plus 4)	MQ. DAY Y	EAR \$
Description of Contribution:	<u>i </u>		<u> </u>	
Full Name of Contributor			MO. DAY Y	EAR
				\$
Mailing Address			MO. DAY Y	^{EAR} \$
City	State	Zip Code (Plus 4) —	MO. DAY Y	S
Description of Contribution:				
Full Name of Contributor			MO. DAY Y	s
Mailing Address			MO. DAY Y	s
City	State	Zip Code (Plus 4) —	MO. DAY Y	s
Description of Contribution:			<u> </u>	
Full Name of Contributor			MO. DAY Y	EAR \$
Mailing Address			MO. DAY Y	EAR \$
City	State	Zip Code (Plus 4) —	MO. DAY Y	<u>EAR</u> \$
Description of Contribution:				
Full Name of Contributor			MO. DAY	EAR \$
Mailing Address			MO. DAY Y	EAR \$
City	State	Zip Code (Plus 4)	MODAY	EAR \$
Description of Contribution:				
Enter Grand Total of Part 5 an	Sahadula	In-Kind Contail		PAGE TOTAL
Enter Grand Total of Part F on Summary Page, Section 2.	schedule II,	in-Kina Contribu	tions Detailed	\$ 🔿

.

*

	n in		רו
PAGE		OF	1 d

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			R	eporting	Period	
John Donches				From 2	114	2017 To 5/1/2017
			I	DATE	1	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
			and the second second			>
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO,	DAY	YEAR	\$
Employer of Contributor	L		Occupati	on		
Employer Mailing Address/Principal Place of Business	<u></u>	<u></u>	Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MÖ.	DAY	YEAR	\$
Employer of Contributor				on	J	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business		<u> </u>	Descripti	ion of Con	tribution	
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer of Contributor		L	Occupati	on		A
Employer Mailing Address/Principal Place of Business		<u></u>	Descripti	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	NO.	DAY	YEAR	\$
Employer of Contributor	<u>. </u>		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
						PAGE TOTAL
Enter Grand Total of Part G on Scheo Summary Page, Section 3.	tuie li	I, In-Kind Contribu	tions D	etailed		s 1

DSE8-502 (7-99)

PAGE _____OF _____

SCH	eni	11 6	\$11
JUL		JLE	111

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
John Donches 4 Comm	1551	onac		From 2/14/2017 To 5/1/2017			
To Whom Paid Kly Bon K				<u>мо.</u> 4	DAY 26	YEAR 2011	Amount \$ 17.75
Kly ODMK Mailing Address P. O. Box 93985				Descriptio	on of Expe	enditure	PAC.
City Clevelond DA	State	zip Code (1 44(01 -	Plus 4)		0-1-7	<u> 701</u>	¥110,
To Whom Paid	<i>U</i> TI	44(0)	-7417	140			Amount
				MO.	DAY	YEAR	\$
Mailing Address				Descriptio	on of Expe	anditure	
City	State	Zip Code (Plus 4) -				
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Descriptio	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			-		DAY	YEAR	Amount
				MO.			\$
Mailing Address				Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) -				
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Plus 4) -				
To Whom Paid				MO.	DAY	YEAR	Amount S
Mailing Address				Description	on of Exp	enditure	L.
City	State	Zip Code (Plus 4)				
		-	-				
To Whom Paid				MO.	DAY	YEAR	Amount \$
Mailing Address				Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) 				
To Whom Paid				MO.	DAY	YL 4R	Amount \$
Mailing Address				Description	on of Exp	enditure	
City	State	Zip Code (Plus 4) 				· · · · · · · · · · · · · · · · · · ·
					<u></u>		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, i	Report Co	over Pa	ige, ite	m D.		\$17.75

St/	SCHEDULE IV	ID D	EBTS		page 12 of 12
Use this Sec which are (tion to itemize all unpaid outstanding at the end of t	debts a he rep	and obl	igation: eriod.	5
Name of Filing Committee or Candidate John Donches 4 (ommissioner		Reporting From	g Period 入 <i> 4 </i> よひ	11 то 5/1/2017
Name of Creditor					Outstanding Balance of Deb
Aailing Address	DATE DEBT	MO.	DAY	YEAR	\$
ty	INCURRED	State	Zip Cod	e (Plus 4)	
escription of Debt					
ame of Creditor					Outstanding Balance of Debt
ailing Address	DATE DEBT	MO.	DAY	YEAR	<u> \$</u>
ty	INCURRED	State	Zip Cod	e (Plus 4)	
escription of Debt				<u> </u>	
me of Creditor					Outstanding Balance of Debl
ailing Address	DATE DEBT	MO.	DAY	YEAR	<u> \$</u>
ty	INCURRED	State	Zip Code	Plus 4)	-
escription of Debt	······································				
me of Creditor		·			Outstanding Balance of Debt
ailing Address	DATE	MO.	DAY	YEAR	\$
ty	DEBT INCURRED	State	Zip Code	(Plus 4)	
escription of Debt			-	_	
me of Creditor					Outstanding Balance of Debt
ailing Address	DATE	MO.	DAY	YEAR	\$
iy	DEBT INCURRED	State	Zip Code		
scription of Debt			-	-	
me of Creditor					Outstanding Balance of Debt
iling Address	DATE	MO.		I vera	S
y	DEBT		Zin Code	(Plus A)	
scription of Debt		State	Zip Code	\r lus 4} -	
,					
tor Grand Total of Linnaid Dakta	on Page 1, Report Cover	Page I	tom G		PAGE TOTAL

ţ

DSEB-502 (7-99)