	CA	MPAIGN F	INANCE REP	ORT		
Name:		John Donch	es 4 Commission	er		
Address:		559 Minor S	St			
City, State, 2	Zip:	Emmaus PA	18049			
Candidate			Committee			X
Type of Repo	ort		Election Date	Amend	ed	Termination
2017 – 30 Da	y Post-Primary		05/16/2017	YES	}	
Termination	Report?				:	
Office Sough	t By Candidate	;	Party	County		
Lehigh Coun	ty Commissione	r Dist #5	R	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	05/02/2017		То:	06/09/2	017	
A. Amount B	rought Forwar	d From Las	Report		642.2	25
B. Total Mon	etary Contribu	tions & Rec	eipts (from Sche	dule I)	8,600	0.19
C. Total Fun	ds Available (S	um of Lines	A & B)		9,242	2.44
D. Total Exp	enditures (from	Schedule II	I)		5,065	5.85
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		4,176	5.59
F. Value of Ir	ı-Kind Contrib	utions Recei	ved (from Sched	ule II)	0.00	
G. Unpaid De	ebts & Obligati	ons (from Sc	hedule IV)		5,500	0.00

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

PAGE 2 OF 12

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
	1/2/2010 //2/2010
John Jones By Commissionar	From 5/2/201/ To 4/9/2017

UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PE	R CON	iliBUTOIT	
TOTAL for the Reporting Period	(1)	\$ 95.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	1,3 (94)	
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$ 5	550,00
TOTAL for the Reporting Period (2)	\$ 4	550,00

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

4. OTHER RECEIPTS REFUNDS, INTEREST EARNED, RETURNED CHECKS	ž ETC	i Fi	ONEXATE AND A
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, Report Cover Page, Item B.)	\$ 8,600.19
---	-------------

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.

John Done Asst Commissioner	From 5/2/201	7 To 6/9/2017
	DATE	AMOUNT
Full Name of Contributing Committee	AND THE MAP AND THE PARTY AND THE	\$
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) —	MOJE EDAYE MYARE	\$
Full Name of Contributing Committee	**************************************	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAYAR SYFARES	\$
Full Name of Contributing Committee	SECTION SECTION	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4) —	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO.23 SEDAY SYFARE	\$
Mailing Address	MODE DAY AYEAR	\$
City State Zip Code (Plus 4) —	MOZ DAYZ ZYFAR	\$
Full Name of Contributing Committee	2000 (1.7 大阪 2000 67 Y ARE 2017 FAX: MARI	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Summar	y Page, Section 2.	PAGE TOTAL \$

Reporting Period

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 Donchast Commi	15510	ner		From <u>5</u>	12 / YO	17 то 6/9/2017
				DATE		AMOUNT
Full Name of Contributor John Mondan			MO. 5	DAY 入	JO17	\$ 160.00
Mailing Address layb 5himorville	? R.	d.	MO.	DAY	YEAR	\$
Emmons	State P	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Matay's Amou	nicam	Pizza	MO:	5	DO17	\$ 150.00
Mailing Address 1303 Broadway		Rimr)	MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address Mailing Address	Ch		мо. 5	DAY 5	DO17	\$ 100.00
Mailing Address 1305 Broadway			MO.	DAY	YEAR	\$
Bethlehom	State	Zip Code (Plus 4)	Мо	DAY.	YEAR	\$
Pull Name of Contributor Lehlah Prosth Olter Cilento Maryam Shola	var		мо. 5	DAY.	YEAR 2017	\$ 150.00
Mailing Address 1104 J. Chan Crest Blv.	£. (5te 100	MO.	DAY	YEAR	\$
A Newtown	State	Zip Code (Plus 4) 2103 -	MO.	DAY	YEAR	\$
Full Name of Contributor Publiness 501041005			MO:	15	YEAR 2017	\$ 100.00
Mailing Address 4351 Hillary Drive			MO.	DAÝ	YEAR	\$
City Kinmons	State OP	Zip Code (Plus 4) / 8049-	MG.	DAY	YEAR	\$
Full Name of Contributor			Mile	DAY	₩ 777(₩	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	EY ZAR	\$
Full Name of Contributor			МО.	PAY	YEAR	\$
Mailing Address			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 (Plus 4) —	MG.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on School	dule i,	, Detailed Summar	y Page,	Sectio	n 2.	\$ 550.00

Name of Filing Committee or Candidate

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 Donches y Commissioner		From	12/20	17 to 4/9/2017
		DATE		AMOUNT
Full Name of Contributing Committee KOSTONE (A	MO	I DAY	YEAR 2017	\$ 2,455,19
Mailing Address	мо		YEAR	
40 PO BOX 4464				\$
City Allandown PA 18105-4		DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR	\$
Mailing Address	Mo	DAY	YEAR	\$
City State Zip Code (Plus	s 4) MO	DAY	YEAR	\$
Full Name of Contributing Committee	МО	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City State Zip Code (Plus	s 4) MO	DAY	YEAR	\$
Full Name of Contributing Committee	МО	DAY	YEAR	
Mailing Address		DAY	YEAR	\$
Mailing Address	MO	CALL MARKS AND ASSESSMENT	1 ITEAN	\$
City State Zip Code (Plu:	s 4)MO	DAY	YEAR	\$
Full Name of Contributing Committee	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City State Zip Code (Plu	s 4) MC	DAY	YEAR	\$
Full Name of Contributing Committee	MG	DAY	YEAR	\$
Mailing Address	Me	DAY	YEAR	\$
City State Zip Code (Plu	s 4)	DAY	YEAR	\$
Full Name of Contributing Committee	## 2.0	. DAY	YEAR	\$
Mailing Address	elan.	DAY	YEAR	\$
City State Zip Code (Plu	MG MG	DAY	YEAR	\$
Full Name of Contributing Committee		DAY	YEAR	\$
Mailing Address	Mo	DAY	YEAR	\$
City State Zip Code (Plu	is 4) MC	DAY	YEAR	\$
Enter Grand Total of Part C on Schedule I, Detailed Su	mmary Pag	e, Section	on 3.	PAGE TOTAL \$2, 455,19

PAGE 4 OF 12

Reporting Period

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

DSEB-502 (7-99)

John Donelas y Com	mig	st on or		From 5	12/201	To 69 2017
				DATE		AMOUNT
Full Name of Contributor John Donc	hes		M9	DAY 4	YEAR 2017	\$ 3,000. 20
Mailing Address 559 Minor St			M 0.	BAY 8	YEAR 2017	\$ 2,500.00
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	[611]	18049	Occupation	วก		Ψ
Self Employer Mailing Address/Principal Place of Business						
559 Minor St. Erm	1925	QA 18049				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name	I,I	_	Occupation	on		\$
Employer Mailing Address/Principal Place of Business		<u> </u>				
Employer Marring Address/Frincipal Frace 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	<u> </u>		Occupation	on		*
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	on.		\$
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			e RG.	EE TAYAH	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name		_	Occupation	on .		\$
			1 33356	•		
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on Sched	dule I.	Detailed Summary	/ Page.	Section	n 3.	PAGE TOTAL
			3-,			\$ 5,500.00

PAGE 7 OF 12

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.

Illing Address y State Zip Code (Plus 4) MO, DAY YEAR Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amount \$ Amount \$ Amount \$ Amount \$ State Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amount \$ Amount \$ Amount \$ Silve Zip Code (Plus 4) NO, DAY YEAR Amount \$ Amo	Reporting Period	Name of Filing Committee or Candidate John Donells 4 Commissioner
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		City State Zip Code
		Receipt Description
PAGE TOT	PAGE TOTAL	

SCHEDULE II

PAGE OF 12

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	iod	
John Donches 4 Commissioner			TO 6/9/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$ ()	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	io.oo (Fron	I PART	F
TOTAL for the Reporting Period	i (2)	\$ ()	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	100 mm	
TOTAL for the Reporting Period	I (3)	\$ Ø	
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 9 OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Tohn Jinchas 4 Comm	ni 55	ionar		Reporting From	2 20	117 To 6/9/2017
			_	DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				<u></u>	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	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MQ.	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	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Description of Contribution:						
Enter Grand Total of Part F on Schell Summary Page, Section 2.	dule I	I, In-Kind Contribut	tions [etailed		PAGE TOTAL \$

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida			1	Reporting	Period	
John Donahas 1	+ Commis	ision ar		From _	21913	2017 to 692017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor		<u> </u>				\$
Employer of Contributor			Occupat	ion		
Employer Mailing Address/Principal Place of	of Business		Descript	otion of Cor	ntribution	,
Full Name of Contributor			MO	T AAV	- LIFAD	
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor			Occupati			\$
Employer Mailing Address/Principal Place o	f Business		Descript	tion of Con	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	া
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	
Employer of Contributor		_	Occupation	<u></u> '	<u></u> '	\$
Employer Mailing Address/Principal Place of					_	
Employer maining Auditossic interps. 1 1000 0.	/ Business		Description	ion of Cont	tribution	
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$
			NO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1
Employer of Contributor			Occupatio	on		•
Employer Mailing Address/Principal Place of	f Business					
	business		Descriptio	on of Contr	ribution	
Full Name of Contributor			- No.	DAY	YEAR	
Mailing Address			MO.			\$
City	- C			DAY	YEAR	\$
•	State	Zip Code (Plus 4) —	EHLO2E S	DAY	YEAR	\$
Employer of Contributor			Occupation	<u></u>		*
mployer Mailing Address/Principal Place of	Business		Pascriptic	Contr		
			Descripera.	on of Contri	ibution	
Enter Grand Total of Part G on Summary Page, Section 3	n Schedule II,	In-Kind Contribu	The Day			PAGE TOTAL
,,	O O O O O O O O O O	III-KIIM OOMINA	ilons ner	.aileg		s (C)
EB-502 (7-99)					J.	_

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			IR	eporting I	Period	
John Donches 4 Commiss	itone	ir		From	1/2/20	17 TO 4/9/2017
To Whom Paid County of Lehryh			MO.	DAY 4	YEAR 2017	Amount 5. ∞
Mailing Address 17 S. 1th 5t	·			on of Expe		
Allentown	State	Zip Code (Plus 4) 19101 -				
To Whom Paid FedEx			мо. 5	DAY 4	YEAR 2017	Amount \$ 5.52
Mailing Address 942 South Shady Grove	Rd	•	Descripti	on of Expe	nditure	
Memphis	State.	Zip Code (Plus 4) 381ンシ				
To Whom Paid Cold Spark			мо. 3	BAY 8	YEAR 2017	\$ 4,910,38
Mailing Address 307 Fourth Ave. 14th	F).			on of Expe ilers	enditure	ling
Pitts burgh	State	Zip Code (Plus 4) /5222-				
To Whom Paid Key Bank			MO.	B S on of Expe	YEAR 2017	\$ 50.00
Mailing Address Q. D. Box 93885	<u> </u>		Fod	wire	Servic	ce charges
city Cleveland	State OH	Zip Code (Plus 4) 44101-5885				
To Whom Paid Cold Spark			M0.	/g on of Exp	YEAR 2017	\$ 81.95
Mailing Address 307 Fourth Ave. 14th	FI	1 7: 0 4 (D) A		HOCOLL		
Pittsburgh	PA	Zip Code (Plus 4) /5222-				
To Whom Paid Key Bank			MO.	JAY on of Exp	2017	\$ 3,00
Po. Box 93885	State	Zip Code (Plus 4)			nt f	RE
Cleve land	DH	44101 -5885				Amount
To Whom Paid			MO.	DAY ion of Exp	YEAR	\$
Mailing Address			Descript	TOIL OF EXP	enurtare	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YE AR	\$
Mailing Address	- Contr	Zip Code (Plus 4)	Descript	ion of Exp	enditura	
City	State	ZIP Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover F	Page, It	em D.		\$ 5,065.85

PAGE 12 OF 12

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 Doll Chas 4 Commis	istones	Repor From	ting Period n <u>5 ねん</u> ね	017 to 4/9/2017
			•	
Name of Creditor John Donches				Outstanding Balance of Deb \$ 3,000,00
559 Minor St	DATE DEBT INCURRED	MQ D	4 YEAR 7 λ017	
Emmas			Code (Plus 4)	
Description of Debt				
Name of Creditor John Donakes				Outstanding Balance of Deb \$ 2,500.00
Mailing Address 559 Minor #	DATE DEBT INCURRED	MO. 0/	YEAR	
Emmaus Description of Debt			Code (Plus 4)	
Description of Debt Loan & PAC.		11111	· 1	
Name of Creditor			· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO. 0/	YEAR	
City	INCURRED	State Zip C	Code (Plus 4)	
Description of Debt				
Name of Creditor				Outstanding Balance of Deb
Name of Creditor Mailing Address	Î DATE			Outstanding Balance of Deb
	DATE DEBT INCURRED	MO. BA		
Mailing Address City	DEBT		YEAR ode (Plus 4)	
Mailing Address	DEBT			
Mailing Address City Description of Debt Name of Creditor	DEBT			\$ Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State Zip C		
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State Zip C	ode (Plus 4)	\$ Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State Zip C	ode (Plus 4) - YEAR	\$ Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Zip C	ode (Plus 4) - YEAR	Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State Zip C	Y YEAR ode (Plus 4) -	S Outstanding Balance of Deb S
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED DATE DEBT INCURRED	MO. DA	Y YEAR ode (Plus 4) -	Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. DA	Y YEAR	Outstanding Balance of Deb
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City	DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. DA	Y YEAR	Outstanding Balance of Deb